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TITLE:

Risk, Resiliency, and Coping in National Guard Families

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CONTRACTING ORGANIZATION: Michigan State University

East Lansing, MI 48824-1046

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14. ABSTRACT National Guard families face unique challenges and stressors because of distance from military supports. The <i>Risk, Resiliency, and Coping in National Guard Families</i> study aims to address key gaps in our understanding of the effects of deployment on family functioning, especially as it relates to resiliency. We set out to collect both quantitative survey data and qualitative interview data from one infantry battalion through the deployment cycle at multiple time points, including predeployment, postdeployment, and for two years after return from deployment. To date, we have collected predeployment (Time 1) and postdeployment (Time 2) survey data from service members and their spouse/significant other or parent, and are in the process of collecting Time 3 data. We have collected Time 1 Qualitative data from 40 families to understand more fully the family strengths and resources utilized in successful adaptation to deployment and reintegration stress. We have collected a total of 896 post-deployment surveys and are integrating this data with pre-deployment data and running analyses that will be a focus during year two of the project. Study team members aim to expedite the analysis and dissemination of study findings so that collaboratively military and community partners can promote resilient military families.								
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GUIDE FOR INTERVIEW #2

The following will occur with participants previously consented. Researcher will review the consent form, answer any questions, and ask if participants wish to continue in the study by participating in interview. (Each interview team must include one of two staff who conducted Time 1 interview with family).

We are conducting the second round interviews with returning National Guard members and their families to understand their deployment and reintegration experiences and what made these a challenge and or a success.

I'll be asking you open-ended questions. There are no right answers. You are the expert about your thoughts and experiences, and I'm here to learn from what you have to say. [This is a chance for you to talk in depth, and I encourage you to tell me as much as you can and use examples, because that is the kind of data that is the most useful for us.]

You are free to share any personal experiences related to what we discuss and your information will remain confidential, however you should not feel pressured to discuss anything you would prefer to keep private, as we are primarily interested in your opinions on how to get additional services to soldiers. The interview will last about 90 minutes.

- 1 . You don't have to answer any question you don't want to.
Just let me know and we'll skip it.
2. You can quit at any time. Please just tell me that you would like to stop.
3. We can take a break whenever you want.
4. You can ask me questions at any time.

Do you have any questions before we begin?

Last time we met we talked about a number of different things related to your family, your deployment, and your reintegration.

A: Stressor Event:

- What has been the biggest adjustment for you as a couple and as a family?
 - Probe: What has gone well? What hasn't gone well?
- How have your kids adjusted, now that you have been back for X months?
 - Probe: Any changes in their relationship to you? Your patience with them? Etc.
- What other events/milestones etc. have occurred since reintegration? We have a checklist of life events (**life events checklist attached**). We would like each of you to take a moment to review the list and check life events that you have experienced as an individual since your service member returned home from deployment.
- Were any of these stressors related to something that happened as a result of the service members deployment or military service? (e.g. injury; PTSD; time away? Etc.)
- Do you feel that your family's military experience contributed in a positive or negative way to how your family managed these life events? If so, explain

B: Resources:

Last time we met it sounded like you were doing xxxxxx in your readjustment.

- What has helped you get back in the routine of civilian work and family life? How did this help? Please Explain.
- Was anything you tried not helpful?
 - Military
 - Civilian
 - Formal
 - Informal
- What VA benefits have you taken advantage of, if any? (education, healthcare, disability)
 - What was most helpful or challenging about the services received?
 - Did you have trouble accessing any service that you needed?
- How did you use your support system (e.g. friends, family, school, community, programs, medical/therapy) as your family was getting back to the "new normal"?
- How did they help you cope with the situation? (e.g. help you to feel loved, less lonely, etc.)
 - Probe: Did you find that people were supportive of your situation? (Other parents, neighbors, friends, etc.)
 - OR what blocked you from accessing your support system during the reintegration?
- What have you noticed about the resources or supports your children have used? (Friends, groups, etc.)

C: Meaning Making:

People often say that they have a *purpose*, or *something that gives them self-worth*, or *something they do well* that gives their life meaning.

- Can you take a moment to think of five sources of meaning that give your life significance and purpose? Which is most important to you and why?
How is that list different today than before you deployed? What led to those changes?
- Did you and your spouse/children/parents share important sources of meaning?
Or did you disagree about some of them? (Eg, Service to the nation, to one's unit, to family, to God, etc.) Did you discuss these?
- How did you make sense of the deployment experience? What life purpose helped you through deployment? Did this change during the deployment or after it was over?
- Have you ever talked to your children about how they make sense of the deployment? Or heard them describe the experience to others? If so, what is your sense of how they made meaning?

X: Adjustment:

- How would you describe your quality of life? Is it similar or different from prior to deployment? If different, in what way?
- Do you have health concerns as a result of military service? (joint or back pain, post-concussive symptoms or other injury)
- How would you describe your overall mental health? (mood, feelings of sadness – depression/PTSD etc.) Has that changed since in the past year since being home?
- Has doctor appointments, pain, etc. taken either partner away from spending time with your family/children?
- How has it impacted the couple relationship?
- How has it impacted your relationship with your children?
- How do you communicate health concerns with children and other family members?
- How would you describe your parenting? (able to show affection, guidance, listen, patience, etc.). Has this changed in the past year since deployment?
- What activities do you do with your child?

If we were to start with the oldest child and go one at a time:

- What changes did you notice about each child after your service member got home?
 - If there were challenges, how did you help your child get through this?
 - Do you worry about your child's school, social, physical, or emotional development? Probe if yes.
 - Do your kids get on your nerves? How do you handle this as a family?
 - What do you look forward to most in the next year?
-

Individual Interviews:

Next, we would like to meet with you individually to ask a few more questions if you are comfortable. Is there a space we can meet?

- What words would you use to describe your experiences in the past year?
- You said: _____(word/phrase). Can you tell me why you chose ___ to describe your experience? Ask for examples if none given.
- Is there anything you would like to expand on or discuss that you didn't feel comfortable in the group setting?
- What do you think has been the biggest change (positive or negative) in the past year since deployment?
 - Yourself
 - Your spouse/significant other
 - Children
- Anything else that could have helped you or [SIGNIFICANT OTHER] or [CHILD]?
- Can you think of anything else with regards to family, resilience, reintegration that you think we should discuss?

Closing: Thank you for participating in this interview.

Life Event Checklist:

Please take some time and mark which of these life events you have experienced in the past year post deployment.

- Major personal injury, illness, or other health related issue
- Detention in jail or other institution
- Major change in religious activity (i.e. participating more or less than usual)
- Major change in social activities (i.e. clubs, movies, events, etc.)
- Major change in sleeping or eating habits
- Violations of the law (i.e. traffic tickets, disturbing the peace, DUI, etc.)
- Major change in usual type and/or amount of recreation
- Marriage
- Marital reconciliation with mate
- Divorce
- Marital Separation from mate
- Marital difficulties
- Major change in the number of arguments with spouse (more or less than usual)
- Pregnancy/Childbirth
- Major change in behaviors of child(ren)
- Change in family roles and responsibilities
- Changes to a new school or child enrolling in school
- Son or daughter leaving home (i.e. marriage, college, military, etc.)
- Death of a close family member
- Death of close friend or unit member
- Betrayal by trusted individual
- Major change in the number of family get-togethers
- Deployment of significant other or orders to re-deploy
- Change in duty status (i.e. ADS, AGR, Title 32, Discharge, Retirement, etc.)
- Change in employment status (i.e. new job, termination, lay off, etc.)
- Major change in responsibilities at work
- Major change in financial status
- Troubles with the boss
- Major changes in working hours or conditions
- Major change in living situation (move, new home, remodeling, lost lease, etc.)
- Homeownership (taking on a mortgage)
- Foreclosure
- Other _____

1. INTRODUCTION:

The research study that is the focus of this report is titled *Risk, Resiliency, and Coping in National Guard Families*. In this study, we are following one National Guard infantry/cavalry battalion through the deployment cycle and for two years after return home. This battalion deployed in 2012 to Afghanistan on a dangerous wartime mission. Through both quantitative and qualitative methods, we examine the interdependence and mutual influence of family processes as they relate to coping with a stressful deployment. We collect data from both soldiers and their spouses, and where possible from parents of soldiers. The study team is examining risk and resilience factors for various family types (couples, families with children, single service members with and without parental support, single service members with children, and blended families). At the time of this report, we have collected quantitative data predeployment, postdeployment, and one year following return home. We are preparing for the final quantitative data collection. We have also conducted qualitative interviews post deployment and at one year follow up. We are preparing for two-year follow up interviews.

2. KEYWORDS: National Guard, military families, military couples, risk, resilience, coping

3. ACCOMPLISHMENTS:

This project entailed studying one National Guard infantry/cavalry battalion through the deployment cycle and for two years after return home. This battalion deployed in 2012 to Afghanistan on a dangerous wartime mission. Through both quantitative and qualitative methods, we examine the interdependence and mutual influence of family processes as they relate to coping with a stressful deployment. The study has two objectives. Through the first objective, we study the interdependence and mutual influence of family processes (meaning/schema and utilization of resources) that contribute to risk and resiliency in families from a NG infantry battalion over a period of three years including predeployment, postdeployment, and yearly follow up assessments. This objective has a quantitative focus and data are collected/have been collected through the use of surveys completed either in person or online. In objective two, we aim to arrive at a deeper understanding of the experiences of these families through the use of qualitative interviews. Through these interviews, we aim to examine risk and resilience factors for various family types (couples, families with children, single NG with and without parental support, single NG with children, blended families, etc.) Our goal has been to interview these families three times post deployment.

Next, each research accomplishment associated with each MSU task outlined in the approved Statement of Work will be described in detail. They will be described under each task heading.

Task 1. Contractual agreements signed (timeframe, months 1-3).

The contract between MSU and CDMRP was signed. The subcontracts with University of Michigan (Michelle Kees, Marcia Valenstein) and Virginia Tech (Angela Huebner) were also signed. A data use agreement was drafted and signed by all parties as an agreement between the respective institutions. All personnel who work at MSU were hired for the project including the data manager and a project manager.

Task 2. Regulatory review and approval processes for studies involving human subjects (timeframe, months 1-6).

All IRB applications were submitted to the relevant IRB offices including Michigan State University, the University of Michigan, and Virginia Tech. These were all approved after which time these applications were submitted to the HRPO office for review and approval which was granted for all sites. We continued to monitor all study activities according to approved protocol. There were no adverse events. MSU and subcontractors have received IRB renewal approval each year of the study and approval from HRPO.

Task 3. SharePoint site for project management and document sharing among project staff from partnering universities was set up by MPH (Partnering PI Institution). This site is continually updated with study information.

Task 4. Grant reporting requirements

Have worked collaboratively with partnering PI to prepare and submit quarterly and annual reports to USAMRMC.

Task 5. Quantitative data collection as it relates to objective 1 (timeframe, months 3-34)

Because the battalion that is the focus of this study returned early from deployment, we were under a tight timeline. Data collection for wave 2 was completed at two events at the end of 2012 and one event in January 2013 after HRPO approval. These collections took place at conference sites of MI ARNG Yellow Ribbon Reintegration events. A total of 608 soldiers, 332 spouses, and 54 parents completed the second wave. This past year, we completed wave 3 data collection. Service members were notified at a drill weekend and they complete the survey either in person or online. The 1-year post-deployment survey mirrors that of Time 1 and was completed by 542 service members, 128 spouses, and 25 parents. The quantitative surveys are included in Appendix A.

Study partners have worked to prepare for the final wave of data collection. We decided to update the survey for Time 3 (2 year postdeployment) and final survey data collection for current study. There are no significant changes in the project or its direction. The survey revisions eliminated burden by removing questions that we that were deemed no longer relevant for this stage of reintegration process. Other revisions incorporate new validated measures or themes that

have emerged from the qualitative data. Survey changes, although minimal, ensure that the survey is targeted to the needs of the population. The approved survey instruments are attached in Appendix A.

Task 6. Data management activities that relate to Objective 1

Data entry and management activities related to year 1 and year 2 of the study revolved around the data entry of Time 2 and Time 3 paper surveys, data cleaning, data extraction, database merging, and initial data analysis. This was a large task especially given the need to also clean, match, and link data collected as part of the predeployment (not funded by this grant) in order to have one data set containing the respective waves. Data entry has gone well and all surveys have been entered into our secure data base. Data cleaning is ongoing with and data are continually been linked and merged from respective study waves. Analyses of data have occurred related to manuscript preparation. These include analyses of coping through the deployment, child outcomes, communication patterns, and quantitative data for the qualitative subsample. Analyses are beginning on additional topics including fathers in the sample. The team is working hard on publications from these data.

Task 7. Data collection activities that relate to Objective 2 – qualitative interviews (months 3-34)

Objective 2 involves interviewing 30 families from the sample. We finalized and field-tested the interview guide in year 1. We revised this guide in year 2 as is consistent with qualitative methods. We will revise this again as we prepare for the final wave of qualitative interviews in 2015. We oversampled in the first wave of qualitative collection in order to account for possible attrition in follow up waves. We selected 40 of these families and completed interviews with them. These included mostly couples, some parents, and some single soldiers. We were intentional in targeting for enrollment families representing unique experiences as well as parents. Parents were more difficult to enroll as service members were not always willing to provide their contact information. 40 interviews were completed throughout the state of Michigan including 31 couples, 7 singles, and 2 parents in wave 1. This last year we completed the second round of interviews which included 29 couples (4 divorced/separated), 3 single soldiers, and 1 parent couple. One of the issues we ran into was that some of the couples were no longer together or had moved to another state (e.g., Illinois, Arizona). We did interview some of the divorced/separated couples where possible by interviewing each party individually. One couple opted not to participate in wave 2 of family interviews. The study team was unable to reach one couple and three single soldiers who had participated in the first wave of family interview. These four families are considered lost to follow-up. The interview guide is attached in Appendix B. As we prepare for the next wave of qualitative collection in the spring of 2015, we will review and if necessary, revise the interview guide.

Task 8. Data management activities that relate to Objective 2 – qualitative interviews, transcripts, etc. (months 4-36)

All interviews from both rounds were recorded and transcribed by MPH. Data coding was completed by the study team using Atlas ti software. This entailed agreement on a coding process followed by the study team splitting into two groups with each group analyzing interviews independently followed by discussion of areas of agreement and discrepancy. Second round analyses including first and second round interviews have been conducted. These analyses focus on changes in the families over the course of one year. We are also in the process of conducting analyses for specific papers including a paper on couples processes, a paper on couples who divorced/separated, and two papers on meaning making and coping.

Task 9. Utilize findings in theory development (months 30-36)

Theory development will occur throughout the process but formalized theory development is not planned until the last 6 months of the project. We have discussed theoretical developments but have not written formally about these to date.

Task 10. Activities that relate to dissemination (months 12-36)

The statement of work requires dissemination efforts in months 12-36. However, as reported in our year 1 annual report, we did have opportunities to disseminate work on family resiliency in a number of outlets. This continued in year 2. Lisa Gorman, the partnering PI took the lead, with the help of the study and presented a comparative case study at the Military Health System Research Symposium on August 19, 2014. This presentation has been developed into a manuscript that will go out for review this week. This presentation was included in the report of the partnering PI and is attached in (Appendix C).

Adrian Blow was the lead author on a poster presented at Military Health System Research Symposium in Fort Lauderdale in August 2014. (Appendix D).

Several presentations and publication submissions are planned for year 3. Several abstracts have been submitted to conferences for review. Six papers are in progress focused on the data. Several of these are at an advanced stage with data analysis complete.

The PI and Partnering PI have continually provided updates to the military community on the progress of the current study. We met with several key leaders since study commencement including Maj. Gen. Gregory Vadnais, The Adjutant General of the Michigan National Guard and his staff, the ARNG Chief of Staff, COL Greg Durkac and COL Mary Jones. We also met with State Family Program

Director, CW3 Jessica Ulrey and her staff including Capt Nick Anderson. The purpose of these presentations was to update the military community on the progress of the current study in the context of previous collaborative efforts, share updates on how research from the collaborative has been utilized to benefit the military community, and begin discussion about how to collaborate with the Michigan National Guard to utilize emerging findings to promote resilient military families. Dr Blow has been invited to speak or participate in numerous panels in the state and around the country related to military family wellbeing. Although these are not directly related to the project, they promote the work and the important idea of the resilient military family.

Our goals for the next year:

We have two major data collection goals to accomplish this next year. These include our final rounds of quantitative and qualitative data collection. Data cleaning and management of the quantitative data is an ongoing effort and will continue this next year. Qualitative data analysis is time consuming and we will continue with these efforts as members of the team immerse themselves in these interviews. Our primary goal this next year will revolve around dissemination of study findings. Several interesting ideas are emerging from preliminary analyses of the data, especially in relation to couple coping processes and meaning making. These papers will be submitted for publication this year and presentation at national meetings.

4. IMPACT:

Members of our study team have been disseminating data from our study through presentations and publications. Much of this dissemination has come from our previous work, and we are at the point where we are poised to do large-scale dissemination from the current study. The PI, partnering PI, and other study team members continue to be invited to serve in advisory capacities. The PI serves on the advisory council of the Military Family Research Institute. He was an invited participant at the CSTS Forum on Health and National Security: Military Families in Transition: Stress, Resilience, and Well-being hosted by Robert J. Ursano, M.D. Dr. Gorman (MPHI) and Dr. Blow (MSU) also served on advisory committee for Senator Warren, a member of the Governor's Mental Health and Wellness Commission (Pursuant to Executive Order 2013-6)⁵ charged with making recommendations necessary to improve both the lives of and the outcomes for individuals and families living with mental illnesses. Drs. Blow and Gorman used data from the current study to inform their recommendations to the committee.

5. CHANGES/PROBLEMS:

There were no major problems or changes to the study. Most of the problems encountered are normal working with a military National Guard population. One of the problems has been subjects not remembering their responses to unique ID code or writing it down in a way that is difficult to decipher. In our last wave of data collection, we asked participants to write this in large letters and more than one time. Another problem occurred with a few subjects completed multiple online surveys. Our team worked to implement new IT safety processes to decrease the likelihood that any subject is able to complete more than one online survey with flags in place to alert research staff in the event that a subject attempts to take the survey twice. Duplicates were removed from data. In terms of qualitative data, follow up of participants is a small challenge. Overall, we did an excellent job of interviewing most of the participants in wave 2. However, life changes made this a challenge. Some couples dissolved their relationships. Other couples moved away or left the National Guard making follow up difficult. Also, distance to interviews and requiring two interviewers added logistical challenges. For example, some couples reside several hundred miles away. We would need to schedule several interviews on these types of trips and this is logistically challenging. We were able to overcome these hurdles through excellent staff working on the project.

6. PRODUCTS:

National Presentations:

American Psychological Association 2013 Symposium. Parallel Sustained Stress for Couples and the Challenge of Reconnection. (24 July 2013).

NNPHI Annual Conference roundtable. Fostering innovation and partnerships to address emerging public health issues. (15 April 2013).

Gorman, L., Huebner, A., Hirschfeld, M, Blow, A. (August 2014). Post-deployment Issues of National Guard: A Comparative Case Study of how Access to VA Benefits Affect Reintegration with Family and Civilian Employment. Military Health System Research Symposium. Ft. Lauderdale, FL.

Blow, A. Huebner, A., Hirschfeld, M, Gorman, L., Guty D., and Kees, M. (August 2014). Military

Couples and Soldier Resilience. Military Health System Research Symposium. Ft. Lauderdale, FL.

Blow, A. J., & Jarman, C. (2013). Building Resiliency in Military Children and Families. Workshop presented at the American Association for Marriage and Family Therapy Annual Conference. Portland, Oregon.

Blow, A.J. & Fitzgerald, H. (2014). Effects of Visible & Invisible Parent Combat Injuries on Military Families. Webinar presented to eXtension, The Military Families Learning Network.

Blow, A. J. Invited Attendee, Military Families in Transition: Stress, Resilience, and Wellbeing. Walter Reed Army Institute of Research, Bethesda, Maryland, September, 2013.

7. PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS

Name	Adrian Blow
Project Role:	PI
Research Identifier	N/A
Nearest person month worked:	2.4
Contribution to Project:	Principal Investigator. Responsible for all oversight of the project including research design and implementation, data collections, staff management, data management, and data dissemination.
Name	Margaret Nyaku
Project Role:	Data manager
Research Identifier	N/A
Nearest person month worked:	3.0
Contribution to Project:	Manages all data, data entry, reports to PI.
Name	Chris Jarman/Adam Farero
Project Role:	Research Assistant
Research Identifier	N/A
Nearest person month worked:	6.0
Contribution to Project:	Project management, data collection, incentive management, data collection preparation, data analysis, manuscript preparation.
Name	Hiram Fitzgerald
Project Role:	Co-investigator
Research Identifier	N/A
Nearest person	.24

month worked:	
Contribution to Project:	Longitudinal data, manuscript preparation.
Name	Ryan Bowles
Project Role:	Statistician/Methodologist
Research Identifier	N/A
Nearest person month worked:	.60
Contribution to Project:	Statistical analysis, methodological guidance, data structure.
Name	Angela Huebner (Virginia Tech)
Project Role:	Co-Investigator
Research Identifier	N/A
Nearest person month worked:	1.8
Contribution to Project:	Qualitative data analysis. Qualitative research guidance. Manuscript preparation
Name	Michelle Kees (University of Michigan)
Project Role:	Co-Investigator
Research Identifier	N/A
Nearest person month worked:	1.8
Contribution to Project:	Study design, data collection, manuscript conceptualization and writing.
Name	Marcia Valenstein (University of Michigan)
Project Role:	Co-Investigator
Research Identifier	N/A
Nearest person month worked:	.33
Contribution to Project:	Study design, data collection, manuscript conceptualization, and writing.
Name	Mara Hirschfeld (Virginia Tech)
Project Role:	Research Assistant
Research Identifier	N/A
Nearest person month worked:	.24
Contribution to Project:	Qualitative data analysis.

8. SPECIAL REPORTING REQUIREMENTS

The partnering PI submitted a separate report.

9. Appendices:

- A. Quantitative Surveys for Time 3 (Service Member and Spouse)
- B. Qualitative Interview Guides for Time 2
- C. Military Health System Research Symposium presentation
- D. Military Health System Research Symposium Poster

**Michigan Army National Guard
Post-Deployment Survey
Service Member**

In the next pages, we ask a number of questions about your life and experiences. Your answers will be important to helping us understand what issues military service members face prior to a deployment and the areas of pre-deployment programming that would be most helpful.

Your answers to this survey are confidential and anonymous. We will have no way of linking your answers back to you individually. We would, however, like to link your answers on this survey to any future surveys we may offer.

To link your answers, you will develop an anonymous identification code based on a series of personal questions. *Only you will know this code.* Your identification code will be created based on the combination of the first 3 letters or numbers in your answers to a series of questions.

For example:

Question	Answer	1 st letters/#s of the answer
Example: What is your dog's name	Spot	<u>S</u> P <u>O</u>
Example: What is your favorite color	Blue	<u>B</u> L <u>U</u>
Example: What is the day of the month of Christmas	25 th of December	<u>2</u> <u>5</u>
EXAMPLE CODE: <u>S</u> <u>P</u> <u>O</u> <u> </u> <u>B</u> <u>L</u> <u>U</u> <u>2</u> <u>5</u>		

INSTRUCTIONS

1. Please write your answer to each of these 3 questions.
2. Then, write the first 3 letters of each answer in the last column.
3. Rewrite the first 3 letters/#s from your answers. This is your personal code.

Question	1. Write your Answer	2. Write the 1 st 3 letters/#s of your answer
What is your mother's maiden name?		_____
What was the make of your first car? (e.g. Ford, Chevrolet, Honda, etc.)		_____
What is the day of the month you were born? (if you were born on the 4 th of May your answer would be 04)		_____

3. Write the first 3 letters/#s from each of your above answers _____
- This is your personal code.

Michigan Army National Guard Post-Deployment Survey

Service Member

Please write your personal code from the previous page:

DEMOGRAPHICS (Please mark the box that best applies to you at the time of this survey completion.)

Age:	Marital Status:	Ethnicity (check all that apply):	Highest Level of Education:	Annual Family Income:	Current Rank or Rank at last discharge:	Years non-Guard Military Service:
<input type="checkbox"/> 18-21	<input type="checkbox"/> Married	<input type="checkbox"/> African American	<input type="checkbox"/> Some high school	<input type="checkbox"/> Below \$25,000	<input type="checkbox"/> E1-E4	<input type="checkbox"/> 4 years or less
<input type="checkbox"/> 22-24	<input type="checkbox"/> Unmarried, Cohabiting	<input type="checkbox"/> Asian American	<input type="checkbox"/> GED	<input type="checkbox"/> \$25,001 to \$50,000	<input type="checkbox"/> E5-E6	<input type="checkbox"/> 5-10 years
<input type="checkbox"/> 25-30	<input type="checkbox"/> Committed relationship, not cohabitating	<input type="checkbox"/> Caucasian	<input type="checkbox"/> High school diploma	<input type="checkbox"/> \$50,001 to \$75,000	<input type="checkbox"/> 01-03	<input type="checkbox"/> 11-20 years
<input type="checkbox"/> 31-40	<input type="checkbox"/> Divorced	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Some college	<input type="checkbox"/> \$75,001 to \$100,000	<input type="checkbox"/> 04-09	<input type="checkbox"/> Over 20
<input type="checkbox"/> 41-50	<input type="checkbox"/> Separated	<input type="checkbox"/> Native American	<input type="checkbox"/> Technical certificate or Associate	<input type="checkbox"/> Over \$100,000	<input type="checkbox"/> W01-5	
<input type="checkbox"/> Over 50	<input type="checkbox"/> Widowed	<input type="checkbox"/> Multi-ethnic	<input type="checkbox"/> Bachelor's degree			
			<input type="checkbox"/> Graduate degree			
Gender:		<input type="checkbox"/> Single <input type="checkbox"/> Other				
<input type="checkbox"/> Female	<input type="checkbox"/> Other					
<input type="checkbox"/> Male						
Are you currently in the National Guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you are no longer in the Guard, why did you leave?	<input type="checkbox"/> Honorable Discharge <input type="checkbox"/> Medical <input type="checkbox"/> Other (Please Explain):	<input type="checkbox"/> Retirement <input type="checkbox"/> Other than Honorable Discharge		

EMPLOYMENT (The questions in this section are about your current work situation.)

Are you currently? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Full-time permanent position with AGR | <input type="checkbox"/> A student |
| <input type="checkbox"/> Part-time, temporary military work (M-day or ADOS) | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Full-time permanent position in community | <input type="checkbox"/> Less than 30% VA disability |
| <input type="checkbox"/> Part-time work in the community | <input type="checkbox"/> More than 30% disability |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Other, please specify: _____ |

How would you rate your job/school satisfaction in the past 4 weeks? If you are both working and attending school and your performance differs in these areas, please answer the one in which you spend the most time. (Please circle your response.)



Life Event Checklist: Please mark which of these life events you have experienced in the past year.

Military Deployment

- Change in duty status (i.e. ADS, AGR, Title 32, Discharge, Retirement, etc.)
 Deployment of significant other or orders to re-deploy

Work

- Change in employment status (i.e. new job, termination, lay off, etc.)
 Major changes in working hours or conditions
 Major change in responsibilities at work
 Troubles with the boss
 Major change in financial status

Relationship

- Marriage
 Marital reconciliation with mate
 Divorce
 Marital Separation from mate
 Marital difficulties
 Major change in the number of arguments with spouse (more or less than usual)
 Change in family roles and responsibilities

Parenting

- Pregnancy/Childbirth
 Major change in behaviors of child(ren)
 Changes to a new school or child enrolling in school
 Son or daughter leaving home (i.e. marriage, college, military, etc.)

Housing

- Major change in living situation (move, new home, remodeling, lost lease, etc.)
 Home ownership (taking on a mortgage)
 Foreclosure

Social/Recreation

- Major change in religious activity (i.e. participating more or less than usual)
 Major change in social activities (i.e. clubs, movies, events, etc.)
 Major change in the number of family get-togethers
 Major change in usual type and/or amount of recreation

Health

- Major personal injury, illness, or other health related issue
 Major change in sleeping or eating habits

Legal

- Detention in Jail or other institution
 Violations of the law (i.e. traffic tickets, disturbing the peace, DUI, etc.)

Loss

- Death of a close family member
 Death of close friend or unit member
 Betrayal by trusted individual
 Other _____

MISSED FAMILY EVENTS: Did you miss any of the family events below because of your deployment or military experience? If yes, please respond to level of stress the event was for you and whether soldier's absence comes up in family arguments.

MISSED FAMILY EVENT			
Pregnancy/Birth of a first child	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Moving to a new house/neighborhood/town	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Child experiencing school transition (pre-school, kindergarten, high school, graduation, etc.)	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Child entered puberty/adolescence	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Child left for college, got married, or moved away	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Serious illness of close family member	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Death of your parent or your	<input type="checkbox"/> Yes	If YES, How stressful was	IF YES, Does soldier's absence for this

spouse's parent	(proceed on this row) <input type="checkbox"/> No (go to next event)	this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Child's activities (special performances, games, plays, field trips, etc.)	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Other (Explain): _____	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next question)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time

RECENT DEPLOYMENT 2012: Please complete ONLY if you have deployed since 2012. If you have not deployed since 2012, skip to the DEPLOYMENT EXPERIENCE SECTION.

1. Have you deployed since 2012? 2013 2014 No new deployments
2. Do you have a pending deployment? Yes No
3. Since 2001, how many combat or peacekeeping deployments 1 2 3 4 or more have you completed that lasted more than 30 days?
4. When did you return home from your most recent deployment? _____ Date (Month/Year)
5. How long was your most recent deployment? _____ (Months/Years)
6. During your most recent deployment:

	Never	Seldom	Often	Constantly												
a. How many times were you in serious danger of being injured or killed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
b. How many times did you engage the enemy in a firefight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>c. Did you know someone who was seriously injured or killed?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. Were you directly responsible for the death of an enemy combatant?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e. Were you wounded or injured during deployment?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>						Yes	No	c. Did you know someone who was seriously injured or killed?	<input type="checkbox"/>	<input type="checkbox"/>	d. Were you directly responsible for the death of an enemy combatant?	<input type="checkbox"/>	<input type="checkbox"/>	e. Were you wounded or injured during deployment?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No														
c. Did you know someone who was seriously injured or killed?	<input type="checkbox"/>	<input type="checkbox"/>														
d. Were you directly responsible for the death of an enemy combatant?	<input type="checkbox"/>	<input type="checkbox"/>														
e. Were you wounded or injured during deployment?	<input type="checkbox"/>	<input type="checkbox"/>														

DEPLOYMENT EXPERIENCE

1. What is the most distressing deployment-related event you have ever experienced? (Considering all deployments) Briefly describe the event. If no distressing event occurred to you while on deployments, please indicate NONE here.
-
-
-

2. Approximately what year did it occur? _____
3. Was this distressing event during deployment the most distressing event you have ever experienced in your life? (Considering your entire life) YES NO
4. If no, could you briefly describe your most distressing life event?

5. Approximately what year did it occur? _____

In the last 30 days, have you experienced any of the following problems in relation to the most distressing event you just described? (Check the box that is most true for you)

	Not at all	A little bit	Moderately	Quite a bit	All the time
a. Repeated, disturbing memories, thoughts, or images of the stressful experience.	<input type="checkbox"/>				
b. Repeated, disturbing dreams of the stressful experience	<input type="checkbox"/>				
c. Suddenly acting or feeling as if the stressful experience were happening again (as if you were re-living it).	<input type="checkbox"/>				
d. Feeling very upset when something reminded you of the stressful experience.	<input type="checkbox"/>				
e. Having physical reactions (like heart pounding, trouble breathing, sweating) when something reminded you of the stressful event.	<input type="checkbox"/>				
f. Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it.	<input type="checkbox"/>				
g. Avoiding activities or situations because they remind you of the stressful experience.	<input type="checkbox"/>				
h. Trouble remembering important parts of the stressful experience.	<input type="checkbox"/>				
i. Loss of interest in activities that you used to enjoy.	<input type="checkbox"/>				
j. Feeling distant or cutoff from other people.	<input type="checkbox"/>				
k. Feeling emotionally numb or being unable to have loving feelings for those close to you.	<input type="checkbox"/>				
l. Feeling as if your future somehow will be cut short.	<input type="checkbox"/>				
m. Trouble falling or staying asleep.	<input type="checkbox"/>				
n. Feeling irritable or having angry outbursts.	<input type="checkbox"/>				
o. Having difficulty concentrating.	<input type="checkbox"/>				
p. Being "super alert" or watchful or on guard.	<input type="checkbox"/>				
q. Feeling jumpy or easily startled.	<input type="checkbox"/>				

If you answered moderately, quite a bit, or all the time to any of the above questions, how DIFFICULT have these problems made it for you to do your work or get along with other people?

Not difficult
at all Somewhat
difficult Very difficult Extremely
difficult

Are you currently experiencing any of the following problems that you think might be related to a possible head injury or concussion? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Not experiencing any problems related to head injury | <input type="checkbox"/> Ringing in the ears |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Sleep Problems |
| <input type="checkbox"/> Memory Problems | <input type="checkbox"/> Other specify: _____ |
| <input type="checkbox"/> Balance Problems | |

HEALTH AND WELL-BEING:

This next section asks for your views about your health. For each of the following questions, please mark the box that best describes your answer.

In General, would you say your health is:

Excellent	Very Good	Good	Fair	Poor
<input type="checkbox"/>				

The following Questions are about activities you might do during a typical day.
Does your health now limit you in these activities? If so, how much?

Yes, limited
a lot Yes, limited
a little No, not
limited at all

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1) Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Climbing several flights of stairs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

All of
the time Most of
the time Some of
the time A little of
the time None of
the time

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Accomplished less than you would like | <input type="checkbox"/> |
| b. Were limited in the kind of work or activities | <input type="checkbox"/> |

During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems?

All of
the time Most of
the time Some of
the time A little of
the time None of
the time

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| c. Accomplished less than you would like | <input type="checkbox"/> |
| d. Were limited in the kind of work or activities | <input type="checkbox"/> |

Not at all	A little bit	Moderately	Quite a bit	Extremely
------------	--------------	------------	-------------	-----------

During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Have you felt calm and peaceful?	<input type="checkbox"/>				
b. Did you have a lot of energy?	<input type="checkbox"/>				
c. Have you felt downhearted and depressed	<input type="checkbox"/>				
d. How much of the time has your physical or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)	<input type="checkbox"/>				

HEALTH CARE USE:

Are you covered by **health insurance** or some other kind of **health care plan**? (including health insurance obtained through employment or purchased directly, as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills)

Yes No I don't know

What kind of health insurance or health care coverage do you have?

- | | |
|---|---|
| □ VA Healthcare System | □ Private Health Insurance
(i.e. Employer sponsored, TRICARE, Other) |
| □ Government (i.e. Medicare, Medicaid, Other) | □ No coverage of any type |

In the past, have you received mental health services for a stress, emotional, alcohol, or family problem from a:

No	Yes, in the last year	Yes, but more than a year ago
----	-----------------------	-------------------------------

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1) Military Provider (Military treatment facility, TRICARE, Chaplain, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Civilian (mental health professional, civilian facility, Clergy, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) VA System (hospital, VA facility, VetCenter, CBOC, Etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you have not used the VA system, please skip to "Rate each of the possible concerns that might affect your decision to receive mental health counseling or services"

If you used services in the last 12 months, what types of services did you receive? (Check all that apply)

- | | | |
|--|---|------------------------|
| <input type="checkbox"/> Medication | <input type="checkbox"/> Other | Please describe: _____ |
| <input type="checkbox"/> Individual Therapy | <input type="checkbox"/> Not applicable | |
| <input type="checkbox"/> Group Therapy | | |
| <input type="checkbox"/> Substance Abuse Treatment | | |
| <input type="checkbox"/> Family/Marital Therapy | | |
| <input type="checkbox"/> Domestic Violence | | |
| <input type="checkbox"/> Sexual Trauma counseling or referral
Screening and referral for medical issues | | |
| <input type="checkbox"/> including TBI, depression, etc.? | | |
| <input type="checkbox"/> VBA benefits explanation and referral | | |
| <input type="checkbox"/> Employment assessment and referral | | |

How satisfied were you with:	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
a. The length of time it takes to get an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Getting a convenient appointment time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The length of time you must wait to see the doctor once you have arrived	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The accuracy of the diagnosis you receive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The explanations you got of your illness and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The courtesy and compassion shown by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The amount of time the VA doctors/staff spend with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The way the VA doctors communicate with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The length of time it takes to get to the VA from your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rate each of the possible concerns that might affect your decision to receive mental health counseling or services:

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
-------------------	----------	---------	-------	----------------

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I don't trust mental health professionals. | <input type="checkbox"/> |
| b. I don't know where to get help. | <input type="checkbox"/> |

c. I don't have adequate transportation.	<input type="checkbox"/>				
d. It is difficult to schedule an appointment.	<input type="checkbox"/>				
e. There would be difficulty getting time off work for treatment.	<input type="checkbox"/>				
f. Mental health care costs too much money.	<input type="checkbox"/>				
g. It might harm my career.	<input type="checkbox"/>				
h. It would be too embarrassing.	<input type="checkbox"/>				
i. I would be seen as weak.	<input type="checkbox"/>				
j. Mental health care doesn't work.	<input type="checkbox"/>				
k. Members of my unit might have less confidence in me.	<input type="checkbox"/>				
l. My unit leadership might treat me differently.	<input type="checkbox"/>				
m. My leaders would blame me for the problem.	<input type="checkbox"/>				
n. I don't want it to appear on my military records.	<input type="checkbox"/>				
o. There are no providers in my community.	<input type="checkbox"/>				
p. I would have to drive great distances to receive high quality care.	<input type="checkbox"/>				

SLEEP:

The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month:

a. During the past month, What time have you usually gone to bed at night? _____

b. During the past month, how long (in minutes) has it usually taken you to fall asleep each night? _____

c. During the past month, what time have you usually gotten up in the morning? _____

d. During the past month, how many hours of actual sleep did you get a night? (This may be different than the number of hours you spent in bed.) _____

For Each of the remaining questions, check one best response.

During the past month, how often have you had trouble sleeping because you...

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
--	---------------------------------	--------------------------	----------------------------	----------------------------------

- a. Cannot get to sleep within 30 minutes
- b. Wake up in the middle of the night or early morning
- c. Have to get up to use the bathroom
- d. Cannot breath comfortably
- e. Cough or snore loudly
- f. Feel too cold
- g. Feel too hot
- h. Had bad dreams
- i. Have pain
- j. Other reasons (please describe): _____

How often during the past month have you had trouble sleeping because of this?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Very Good	Fairly Good	Fairly Bad	Very Bad
-----------	-------------	------------	----------

During the past month, how would you rate your quality of sleep?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
---------------------------------	--------------------------	----------------------------	----------------------------------

During the past month, how often have you taken medication to help you sleep (prescribed or "over the counter")?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

During the past month, how often have you had trouble staying awake while driving, eating, meals, or engaging in social activity?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

No Problem At all	Only a very slight problem	Somewhat of a problem	A very big problem
----------------------	-------------------------------	--------------------------	-----------------------

During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

MOOD: These next questions ask about your mood.

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thought that you would be better off dead, or of hurting yourself in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a. Feeling nervous, anxious or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Worrying too much about different things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Trouble relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Being so restless that it is hard to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Becoming easily annoyed or irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Feeling afraid as if something awful might happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you had checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

Have you ever thought about or attempted to kill yourself? (Check one only)

Never	It was a passing thought	I have had a plan at least once to kill myself but did not try to do it	I have had a plan at least once to kill myself and really wanted to die	I have attempted to kill myself, but did not want to die	I have attempted to kill myself, and really hoped to die
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often have you thought about killing yourself in the past year? (Check one only)

Never	Rarely (1 time)	Sometimes (2 times)	Often (3-4 Times)	Very Often (5 or more times)
<input type="checkbox"/>				

Have you ever told someone that you were going to commit suicide, or that you might do it? (Check one only)

No	Yes, at one time, but did not really want to die	Yes, at one time, and really wanted to die	Yes, more than once, but did not want to do it	Yes, more than once, and really wanted to do it
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely is it that you will attempt suicide someday? (Check one only)

Never	No chance at all	Rather unlikely	Unlikely	Likely	Rather Likely	Very Likely
<input type="checkbox"/>						

Are you a veteran in emotional distress?

Please call 1-800-273-TALK and press 1 to be routed to the VA Crisis Hotline.

These questions ask how you have felt in the past month. Please check how often you felt or thought a certain way.

Never	Almost Never	Sometimes	Fairly Often	Often
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- a. In the last month, how often have you felt that you were unable to control the important things in your life?
- b. In the last month, how often have you felt confident about your ability to handle your personal problems?
- c. In the last month, how often have you felt that things were going your way?
- d. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

ALCOHOL USE:

Please check the response that best reflects your patterns of alcohol consumption.

	Never	Monthly or Less	2-4 times a month	2-3 times a week	4 or more times a week	
a. How often do you have a drink containing alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Go to next section	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
b. How many standard drinks do you have on a typical day when you are drinking? [A standard drink is, for example, one 12 oz. beer, a 6 oz. glass of wine, or a 1.5 oz. shot of hard liquor].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How often do you have six or more standard drinks on one occasion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How often during the last year have you found that you were not able to stop drinking once you had started?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How often during the last year have you failed to do what was normally expected of you because of drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Have you or anyone else been injured because of your drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
j. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	No	Yes, but not in the last year	Yes, during the last year			

MEANING:

Please take a moment to think about what makes your life and existence feel important and significant to you. Please respond to the following statements as truthfully and accurately as you can, and also please remember that these are very subjective questions and that there are no right or wrong answers. Please answer according to the scale below:

	Absolutely Untrue	Mostly Untrue	Somewhat Untrue	Can't say true or false	Somewhat True	Mostly True	Absolutely True
a. I understand my life's meaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am looking for something that makes my life meaningful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am always looking to find my life's purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My life has a clear sense of purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have a good sense of what makes my life meaningful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I have discovered a satisfying life purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I am always searching for something that makes my life feel significant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I am seeking a purpose or mission in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. My life has no clear purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I am searching for meaning in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COPING: These questions ask about different ways of coping you may have used during the deployment. Please mark which answer best describes you.

	Not at all	Several days	More than half the days	Nearly every day
a. I've been turning to work or other activities to take my mind off things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I've been concentrating my efforts on doing something about the situation I'm in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I've been saying to myself "this isn't real."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I've been using alcohol or other drugs to make myself feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I've been getting emotional support from others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I've been giving up trying to deal with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I've been taking action to try to make the situation better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I've been refusing to believe that it is happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I've been saying things to let my unpleasant feelings escape.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I've been getting help and advice from other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I've been using alcohol or other drugs to help me get through it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I've been trying to see it in a different light, to make it seem more positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I've been criticizing myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I've been trying to come up with a strategy about what to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I've been getting comfort and understanding from someone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I've been giving up the attempt to cope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I've been looking for something good in what is happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I've been making jokes about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. I've been accepting the reality of the fact that it has happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. I've been expressing my negative feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. I've been trying to find comfort in my religion or spiritual beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Several days	More than half the days	Nearly every day
w. I've been trying to get advice or help from other people about what to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. I've been learning to live with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. I've been thinking hard about what steps to take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. I've been blaming myself for things that happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. I've been praying or meditating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. I've been making fun of the situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL SUPPORT: The next section asks questions about people in your life. Please mark the box that best describes your experience.

	Definitely FALSE	Probably FALSE	Probably TRUE	Definitely TRUE
a. If I wanted to go on a trip for a day (for example, Up North or to Detroit), I would have a hard time finding someone to go with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel that there is no one I can share my most private worries and fears with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I were sick, I could easily find someone to help me with my daily chores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. There is someone I can turn to for advice about handling problems with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. When I need suggestions on how to deal with a personal problem, I know someone I can turn to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I don't often get invited to do things with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. If I wanted to have lunch with someone, I could easily find someone to join me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. If I was stranded 10 miles from home, there is someone I could call who could come and get me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When you completed the above questionnaire, were you thinking mostly about your spouse/significant other or about several potential supporters?

- I was thinking primarily about my spouse/significant other I was thinking primarily about one person (not spouse/significant other) I was thinking about several potential supporters

LIFESTYLE: This section asks questions about your lifestyle and satisfaction. Please mark the box that best describes your life.

	Strongly DISAGREE	Disagree	Slightly disagree	NEITHER agree nor disagree	Slightly agree	Agree	Strongly AGREE
a. In most ways my life is close to my ideal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The conditions of my life are excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am satisfied with my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. So far I have gotten the important things I want in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If I could live my life over, I would change almost nothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us your thoughts about your life by marking each item as it applies to you.

	Disagree a lot	Disagree a little	Neither agree or disagree	Agree a little	Agree a lot
a. In uncertain times, I usually expect the best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If something can go wrong for me, it will.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I'm always optimistic about my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I hardly ever expect things to go my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I rarely count on good things happening to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Overall, I expect more good things to happen to me than bad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. There is not enough purpose in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. To me, the things I do are all worthwhile.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Most of what I do seems trivial and unimportant to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I value my activities a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I don't care very much about the things I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I don't care very much about the things I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RELATIONSHIPS: These questions ask about your relationship with your spouse, girlfriend, or boyfriend.

Are you currently in a committed relationship with a spouse/significant other? YES NO (If no, answer the next question and then skip to the Parenting Section. If you do not have children, your survey is complete)

How long have you been in a committed relationship with your current spouse/significant other? _____ Years

Most people experience disagreements in their relationships. For the next 6 items, please estimate the extent of agreement or disagreement between you and your partner.

	Always Agree	Almost Always Agree	Occasionally Agree	Often Disagree	Almost Always Disagree	Always Disagree
a. Values or beliefs	<input type="checkbox"/>					
b. Demonstration of affection	<input type="checkbox"/>					
c. Making major decisions (e.g., career, where to live, etc.)	<input type="checkbox"/>					
d. Sexual relations	<input type="checkbox"/>					
e. Aims, goals, and things believed to be important	<input type="checkbox"/>					
f. Financial decisions	<input type="checkbox"/>					

The following 5 items describe experiences of couples. Read each question and check the box that honestly reflects how frequently you have had these experiences.

	All the time	Most of the time	More often than not	Occasionally	Rarely	Never
a. How often do you discuss or have you considered divorce, separation, or terminating your relationship?	<input type="checkbox"/>					
b. Do you ever regret that you married or got together?	<input type="checkbox"/>					
c. How often do you and your partner quarrel?	<input type="checkbox"/>					
d. How often do you and your partner "get on each other's nerves"?	<input type="checkbox"/>					
e. Do you and your partner engage in outside interests together?	<input type="checkbox"/>					

The following 3 items describe experiences of couples. Read each question and check the box that honestly reflects how frequently you have had these experiences.

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
a. How often do you and your partner have a stimulating exchange of ideas?	<input type="checkbox"/>					
b. How often do you and your partner calmly discuss something?	<input type="checkbox"/>					
c. How often do you and your partner work together on a project?	<input type="checkbox"/>					

PARENTING. This next section asks about children and parenting. If you do not have children, your survey is complete.

1. Do you have children?
 YES NO (IF NO, your survey is complete.)
2. Are you a stepparent?
 YES NO
3. How many children under age 18 live in your home?
4. What are the ages of your children?

5. Are you a single parent?
 YES NO
6. Do you have a child with special needs?
 YES NO
7. If you have a special needs child, please explain:

If you co-parent with a former spouse/or partner, has physical custody of children changed in the previous 12 months?

YES NO Not Applicable

If yes, how much stress has this caused? (Circle one)

Not at all stressful 1 2 3 4 5 6 7 8 9 High stress

Is this issue resolved or ongoing? (Circle one)

Ongoing 1 2 3 4 5 6 7 8 9 Completely Resolved

Please tell us about your parenting experience by marking each item as it applies to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
a. I am happy in my role as a parent.	<input type="checkbox"/>				
b. There is little or nothing I wouldn't do for my child(ren) if it was necessary.	<input type="checkbox"/>				
c. Caring for my child(ren) sometimes takes more time and energy than I have to give.	<input type="checkbox"/>				
d. I sometimes worry whether I am doing enough for my children.	<input type="checkbox"/>				
e. I feel close to my child(ren).	<input type="checkbox"/>				
f. I enjoy spending time with my child(ren).	<input type="checkbox"/>				
g. My child(ren) is/are an important source of affection for me.	<input type="checkbox"/>				
h. Having a child(ren) gives me a more certain and optimistic view for the future.	<input type="checkbox"/>				
i. The major source of stress in my life is my child(ren).	<input type="checkbox"/>				
j. Having a child(ren) leaves little time and flexibility in my life.	<input type="checkbox"/>				
k. Having a child(ren) has been a financial burden.	<input type="checkbox"/>				
l. It is difficult to balance different responsibilities because of my child(ren).	<input type="checkbox"/>				
m. The behavior of my child(ren) is often embarrassing or stressful to me.	<input type="checkbox"/>				
n. If I had it to do over again, I might decide not to have child(ren).	<input type="checkbox"/>				
o. I feel overwhelmed by the responsibility of being a parent.	<input type="checkbox"/>				
p. Having a child has meant having too few choices and too little control over my life.	<input type="checkbox"/>				
q. I am satisfied as a parent.	<input type="checkbox"/>				
r. I find my child(ren) enjoyable.	<input type="checkbox"/>				

CHILDREN. Questions in this section are specifically about your child(ren). If you do not have children, please end.

The first set of questions is about children between 12 months and 35 months of age – *Young Child Questionnaire*. The second set of questions is about children between 3 -17 years old – *Older Child Questionnaire*. Please complete a questionnaire for **ALL of your children**. If you have more than one child in the Young Child age range or more than one child in the Older Child age range, please ask any of the survey staff for additional questionnaires.

How many of your children are younger than 12 months of age? _____ (*No questionnaire for this child*)
 How many of your children are between 12-35 months old? _____ (*Complete that # of Young Child Questionnaires*)
 How many of your children are between 3 -17 years old? _____ (*Complete that # of Older Child Questionnaires*)

YOUNG CHILD QUESTIONNAIRE: FOR CHILDREN AGES 12 MONTHS – 35 MONTHS

Child's Age in # of months: _____

Child's Sex (Circle One): Male Female

Please mark the ONE response that best describes your child's behavior in the LAST month:

	Not True	Somewhat True	Very True
a. Shows pleasure when he or she succeeds (for example, claps for self)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gets hurt so often that you can't take your eyes off him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Seems nervous, tense, or fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is restless and can't sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Follows rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Wakes up at night and needs help to fall asleep again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Cries or has tantrums until he/she is exhausted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Is afraid of certain places, animals, or things _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Has less fun than other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Looks for you (or other parent) when upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Cries or hangs onto you when you try to leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Worries a lot or is very serious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Looks right at you when you say his/her name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Does not react when hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Is affectionate with loved ones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Won't touch some objects because of how they feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Has trouble falling asleep or staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Runs away in public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Plays well with other children (not including brothers/sisters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Can pay attention for a long time (other than watching TV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not True	Somewhat True	Very True
u. Has trouble adjusting to changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Tries to help when someone is hurt (for example, gives a toy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Often gets very upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Gags or chokes on food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Imitates playful sounds when you ask him/her to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Refuses to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Hits, shoves, kicks, or bites children (not including brothers/sisters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. Is destructive. Breaks or ruins things on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cc. Points to show you something far away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd. Hits, bites, or kicks you (or other parent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ee. Hugs or feeds dolls or stuffed animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff. Seems very unhappy, sad, depressed, or withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gg. Purposely tries to hurt you (or other parent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hh. When upset, gets very still, freezes, or doesn't move.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Puts things in a special order over and over, and gets upset if he/she is interrupted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
jj. Repeats the same action over and over again. <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kk. Repeats a particular movement over and over (like rocking, spinning) <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ll. Spaces out. Is totally unaware of what is happening around him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mm. Does not make eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nn. Avoids physical contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oo. Hurts self on purpose (for example, bangs his/her head) <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pp. Eats or drinks things that are not edible (like paper or paint) <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Do you have another child between the ages of 12-35 months?
If yes, please ask survey staff for another copy of the Younger Child Questionnaire!*

OLDER CHILD QUESTIONNAIRE: For children ages 3 years – 17 years old

Child's Age in # of Years: _____

Child's Sex (Circle One): Male Female

The following questions ask about strengths and difficulties some children might have. *Please give your answers on the basis of the child's behavior over the last SIX MONTHS.*

	Not True	Somewhat True	Very True
a. Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Shares readily with other children (toys, food, games)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Often fights with children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Often argumentative with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Can be spiteful to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Do you have another child between the ages of 3 years -17 years old?
If yes, please ask survey staff for another copy of the Older Child Questionnaire!***

THANK YOU FOR YOUR TIME ON THIS SURVEY AND FOR YOUR SERVICE.

**Michigan Army National Guard
Post-Deployment Survey
Spouse/Significant Other**

In the next pages, we ask a number of questions about your life and your family's experiences. Your answers will be important to helping us understand the issues military service members and their families face prior to a deployment and what areas of pre-deployment programming might be most helpful.

Your answers to this survey are confidential and anonymous. We will have no way of linking your answers back to you individually. We would, however, like to link your answers on this survey to any future surveys we may offer.

To link your answers, you will develop an anonymous identification code based on a series of personal questions. *Only you will know this code.* Your identification code will be created based on the combination of the first 3 letters in your answers to a series of questions.

For example:

Question	Answer	1st letters/#s of the answer
Example: What is your dog's name	Spot	S P O
Example: What is your favorite color	Blue	B L U
Example: What is the day of the month of Christmas	25 th of December	2 5
EXAMPLE CODE: S P O B L U 2 5		

INSTRUCTIONS

1. Please write your answer to each of these 3 questions.
2. Then, write the first 3 letters of each answer in the last column.
3. Rewrite the first 3 letters/#s from your answers. This is your personal code.

Question	1. Write your Answer	2. Write the 1st 3 letters/#s of your answer
What is your mother's maiden name?		_____
What was the make of your first car? (e.g. Ford, Chevrolet, Honda, etc.)		_____
What is the day of the month you were born? (if you were born on the 4 th of May your answer would be 04)		_____

3. Write the first 3 letters/#s from each of your above answers _____
This is your personal code.

Michigan Army National Guard Post-Deployment Survey

Spouse/Significant Other

Please write the SERVICE MEMBER'S personal code
(from reminder letter)

Please write your personal code (from previous page)

1. DEMOGRAPHICS (Please mark the box that best applies to you at the time of this survey completion.)

- I am the spouse/significant other of a MI National Guard Member
- My spouse/significant other and I are both MI National Guard Members.

Age:	Gender:	Marital Status:	Ethnicity (check all that apply):	Highest Level of Education:	Annual Family Income:
<input type="checkbox"/> 18-21	<input type="checkbox"/> Female	<input type="checkbox"/> Married	<input type="checkbox"/> African American	<input type="checkbox"/> Some high school	<input type="checkbox"/> Below \$25,000
<input type="checkbox"/> 22-24	<input type="checkbox"/> Male	<input type="checkbox"/> Unmarried, Cohabiting	<input type="checkbox"/> Asian American	<input type="checkbox"/> GED	<input type="checkbox"/> \$25,001 to \$50,000
<input type="checkbox"/> 25-30		<input type="checkbox"/> Committed relationship, not cohabitating	<input type="checkbox"/> Caucasian	<input type="checkbox"/> High school diploma	<input type="checkbox"/> \$50,001 to \$75,000
<input type="checkbox"/> 31-40		<input type="checkbox"/> Divorced	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Some college	<input type="checkbox"/> \$75,001 to \$100,000
<input type="checkbox"/> 41-50		<input type="checkbox"/> Separated	<input type="checkbox"/> Native American	<input type="checkbox"/> Technical certificate or Associate degree	<input type="checkbox"/> Over \$100,000
<input type="checkbox"/> Over 50		<input type="checkbox"/> Widowed	<input type="checkbox"/> Multi-ethnic	<input type="checkbox"/> Bachelor's degree	
		<input type="checkbox"/> Single	<input type="checkbox"/> Other	<input type="checkbox"/> Graduate degree	
		<input type="checkbox"/> Other			

Since 2001, how many combat or peacekeeping deployments has your spouse/significant other completed that lasted more than 30 days?

0 1 2 3 4 or more

When did he/she return home from the most recent deployment? _____ Date (Month/Year)

How long was his/her most recent deployment? _____ Months/Years

2. EMPLOYMENT (The questions in this section are about your current work situation.)

Are you currently? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Working full-time | <input type="checkbox"/> A student |
| <input type="checkbox"/> Working part-time | <input type="checkbox"/> On maternity or paternity leave |
| <input type="checkbox"/> Unemployed, looking for work | <input type="checkbox"/> On illness or sick leave |
| <input type="checkbox"/> Unemployed, not looking for work | <input type="checkbox"/> On disability |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> A homemaker | |

If you are not working or going to school, check here and skip to the Life Event Checklist.

How would you rate your job/school satisfaction in the past 4 weeks? If you are both working and attending school and your performance differs in these areas, please answer the one in which you spend the most time. (Please circle your response.)



Life Event Checklist: Please mark which of these life events you have experienced in the past year.

Military Deployment

- Change in duty status (i.e. ADS, AGR, Title 32, Discharge, Retirement, etc.)
- Deployment of significant other or orders to re-deploy

Work

- Change in employment status (i.e. new job, termination, lay off, etc.)
- Major changes in working hours or conditions
- Major change in responsibilities at work
- Troubles with the boss
- Major change in financial status

Relationship

- Marriage
- Marital reconciliation with mate
- Divorce
- Marital Separation from mate
- Marital difficulties
- Major change in the number of arguments with spouse (more or less than usual)
- Change in family roles and responsibilities

Parenting

- Pregnancy/Childbirth
- Major change in behaviors of child(ren)
- Changes to a new school or child enrolling in school
- Son or daughter leaving home (i.e. marriage, college, military, etc.)

Housing

- Major change in living situation (move, new home, remodeling, lost lease, etc.)
- Homeownership (taking on a mortgage)
- Foreclosure

Social/Recreation

- Major change in religious activity (i.e. participating more or less than usual)
- Major change in social activities (i.e. clubs, movies, events, etc.)
- Major change in the number of family get-togethers
- Major change in usual type and/or amount of recreation

Health

- Major personal injury, illness, or other health related issue
- Major change in sleeping or eating habits

Legal

- Detention in Jail or other institution
- Violations of the law (i.e. traffic tickets, disturbing the peace, DUI, etc.)

Loss

- Death of a close family member
- Death of close friend or unit member
- Betrayal by trusted individual
- Other _____

1. What is the most distressing life event you have ever experienced?

Briefly describe the event: _____

When did it occur? _____

2. During the last 30 days, did you experience any of the following problems in relation to the event you described above?
(Circle the number that is most true for you)

	Not at all	A little bit	Moderately	Quite a bit	All the time
a. Repeated, disturbing memories, thoughts, or images of the stressful experience?	1	2	3	4	5
b. Repeated, disturbing dreams of the stressful experience.	1	2	3	4	5
c. Suddenly acting or feeling as if the stressful experience were happening again (as if you were re-living it).	1	2	3	4	5
d. Feeling very upset when something reminded you of the stressful experience.	1	2	3	4	5
e. Having physical reactions (like heart pounding, trouble breathing, sweating) when something reminded you of the stressful event.	1	2	3	4	5
f. Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it.	1	2	3	4	5
g. Avoiding activities or situations because they remind you of the stressful experience.	1	2	3	4	5
h. Trouble remembering important parts of the stressful experience.	1	2	3	4	5
i. Loss of interest in activities that you used to enjoy.	1	2	3	4	5
j. Feeling distant or cutoff from other people.	1	2	3	4	5
k. Feeling emotionally numb or being unable to have loving feelings for those close to you.	1	2	3	4	5
l. Feeling as if your future somehow will be cut short.	1	2	3	4	5
m. Trouble falling or staying asleep.	1	2	3	4	5
n. Feeling irritable or having angry outbursts.	1	2	3	4	5
o. Having difficulty concentrating.	1	2	3	4	5
p. Being "super alert" or watchful or on guard.	1	2	3	4	5
q. Feeling jumpy or easily startled.	1	2	3	4	5

3. If you answered **moderately**, **quite a bit**, or **all the time** to any of the above questions, how **DIFFICULT** have these problems made it for you to do your work or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

MISSED FAMILY EVENTS: Did your soldier miss any of the family events below because of their deployment or military experience? If yes, please respond to level of stress the event was for you and whether soldier's absence comes up in family arguments.

MISSED FAMILY EVENT			
Pregnancy/Birth of a first child	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Moving to a new house/neighborhood/town	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Child experiencing school transition (pre-school, kindergarten, high school, graduation, etc.)	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Child entered puberty/adolescence	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Child left for college, got married, or moved away	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Serious illness of close family member	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time

Death of your parent or your spouse's parent	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Child's activities (special performances, games, plays, field trips, etc.)	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Other (Explain): _____	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next question)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time

CAREGIVING: Some spouses and parents of soldiers find themselves in a caregiving role because of a service related injury or significant change in mood following the soldiers deployment. This caregiving role involves either direct care of their soldier, many more household responsibilities of care because the soldier is not as effective, or both.

In your opinion, has your soldier had a service related injury or significant change in mood or something similar that has affected his/her ability to function at home? (Circle one) YES or NO

Does your soldier refuse to seek treatment for physical or emotional health problem you have brought to his/her attention following deployment? (Circle One) YES or NO

Have you had to engage in direct care of your soldier? (Circle one) YES or NO

Have your household responsibilities (e.g. parenting) increased because of the change in your soldier? (Circle one) YES or NO

If you answered YES to any of the above questions, please complete the questions below.

Directions: Here is a list of things that other significant others have found to be difficult. Please put a checkmark in the columns that apply to you. We have included some examples that are common caregiver experiences to help you think about each item. Your situation may be slightly different, but the item could still apply.

Yes No

- 1) My sleep is disturbed
(For example: my soldier has nightmares that wake me; soldier is in and out of bed or wanders around at night)
- 2) Caregiving is inconvenient
(For example: helping takes so much time or I have to drive a great distance to take soldier to appointments)
- 3) Caregiving is a physical strain
(For example: lifting in or out of a chair; effort or concentration is required)
- 4) Caregiving is confining
(For example: helping restricts my free time or I do not feel I can leave the house or leave the children with soldier)
- 5) There have been family adjustments
(For example: helping has disrupted my routine; the kids and I walk on eggshells; we are no longer equal partners)
- 6) There have been changes in personal plans
(For example: I had to turn down a job; I could not go on vacation)
- 7) There have been other demands on my time
(For example: other family members need me; I do more than my share of parenting)
- 8) There have been emotional adjustments
(For example: arguments about soldiers' changed behavior or response to injury)
- 9) Some behavior is upsetting
(For example: soldier has angry outbursts; I sometimes feel unsafe; soldier is obsessed with ____)
- 10) It is upsetting to find the person I care for has changed so much from his/her former self
(For example: he/she is a different person than he/she used to be)

- 11) There have been work adjustments
 (For example: I have to take time off for medical appointments or other caregiving activities)
- 12) Caregiving is a financial strain
 (For example: Soldier unable to get/keep a job; home renovations were expensive)
- 13) I feel completely overwhelmed
 (For example: I worry about the person I care for; I have concerns about how I will manage)
14. Please provide a brief description or example:
-
-

HEALTH CARE USE:

Are you covered by health insurance or some other kind of health care plan? (including health insurance obtained through employment or purchased directly, as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills)

Yes No I don't know

What kind of health insurance or health care coverage do you have?

- VA Healthcare System Private Health Insurance
 (i.e. Employer sponsored, TRICARE, Other)
- Government (i.e. Medicare, Medicaid, Other) No coverage of any type

In the past, have you received mental health services for a stress, emotional, alcohol, or family problem from a:

- | | No | Yes, in the last year | Yes, but more than a year ago |
|--|--------------------------|--------------------------|-------------------------------|
| 14) Military Provider (Military treatment facility, TRICARE, Chaplain, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Civilian (mental health professional, civilian facility, primary care doctor etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) VA System (hospital, VA facility, VetCenter, CBOC, Etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you have not used mental health services, please skip to "Rate each of the possible concerns that might affect your decision to receive mental health counseling or services"

If you used services in the last 12 months, what types of services did you receive? (Check all that apply)

- | | | |
|---|---|------------------------|
| <input type="checkbox"/> Medication | <input type="checkbox"/> Other | Please describe: _____ |
| <input type="checkbox"/> Individual Therapy | <input type="checkbox"/> Not applicable | |
| <input type="checkbox"/> Group Therapy | | |
| <input type="checkbox"/> Substance Abuse Treatment | | |
| <input type="checkbox"/> Family/Marital Therapy | | |
| <input type="checkbox"/> Domestic Violence | | |
| <input type="checkbox"/> Sexual Trauma counseling or referral | | |
| <input type="checkbox"/> Screening and referral for medical issues including TBI, depression, etc.? | | |
| <input type="checkbox"/> VBA benefits explanation and referral | | |
| <input type="checkbox"/> Employment assessment and referral? | | |

How satisfied were you with:	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Satisfied
a. The length of time it takes to get an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Getting a convenient appointment time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The length of time you must wait to see the doctor once you have arrived	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The accuracy of the diagnosis you receive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The explanations you got of your illness and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The courtesy and compassion shown by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The amount of time the doctors/staff spend with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The way the doctors communicate with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The length of time it takes to get to the VA from your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rate each of the possible concerns that might affect your decision to receive mental health counseling or services:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I don't trust mental health professionals.	<input type="checkbox"/>				
b. I don't know where to get help.	<input type="checkbox"/>				
c. I don't have adequate transportation.	<input type="checkbox"/>				
d. It is difficult to schedule an appointment.	<input type="checkbox"/>				
e. There would be difficulty getting time off work for treatment.	<input type="checkbox"/>				
f. Mental health care costs too much money.	<input type="checkbox"/>				
g. It might harm my career.	<input type="checkbox"/>				
h. It would be too embarrassing.	<input type="checkbox"/>				
i. I would be seen as weak.	<input type="checkbox"/>				
j. Mental health care doesn't work.	<input type="checkbox"/>				
k. There are no providers in my community.	<input type="checkbox"/>				
l. I would have to drive great distances to receive high quality care.	<input type="checkbox"/>				
m. My soldier is concerned that if I sought treatment it might harm his/her military career.	<input type="checkbox"/>				

SLEEP:

The following questions are about the Service Member's Sleep. In the past month, how often have you observed your spouse experiencing:

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
a. Loud Snoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Long pauses between breaths while asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Legs twitching or jerking while asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Episodes of disorientation or confusing during sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other restlessness while s/he sleeps; please describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOOD: These next questions ask about your mood.

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thought that you would be better off dead, or of hurting yourself in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a. Feeling nervous, anxious or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Worrying too much about different things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Trouble relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Being so restless that it is hard to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Becoming easily annoyed or irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Feeling afraid as if something awful might happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you had checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Have you ever thought about or attempted to kill yourself? (Check one only)

Never	It was a passing thought	I have had a plan at least once to kill myself but did not try to do it	I have had a plan at least once to kill myself and really wanted to die	I have attempted to kill myself, but did not want to die	I have attempted to kill myself, and really hoped to die
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often have you thought about killing yourself in the past year? (Check one only)

Never	Rarely (1 time)	Sometimes (2 times)	Often (3-4 Times)	Very Often (5 or more times)
<input type="checkbox"/>				

Have you ever told someone that you were going to commit suicide, or that you might do it? (Check one only)

No	Yes, at one time, but did not really want to die	Yes, at one time, and really wanted to die	Yes, more than once, but did not want to do it	Yes, more than once, and really wanted to do it
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely is it that you will attempt suicide someday? (Check one only)

Never	No chance at all	Rather unlikely	Unlikely	Likely	Rather Likely	Very Likely
<input type="checkbox"/>						

**Are you in emotional distress?
Please call 1-800-273-TALK for a Crisis Hotline**

These questions ask how you have felt in the past month. Please check how often you felt or thought a certain way.

Never Almost Never Sometimes Fairly Often Often

- a. In the last month, how often have you felt that you were unable to control the important things in your life?
- b. In the last month, how often have you felt confident about your ability to handle your personal problems?
- c. In the last month, how often have you felt that things were going your way?
- d. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

ALCOHOL USE:

Please check the response that best reflects your patterns of alcohol consumption.

Never	Monthly or Less	2-4 times a month	2-3 times a week	4 or more times a week
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a. How often do you have a drink containing alcohol?	Go to next section	<input type="checkbox"/>				
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1 or 2	3 or 4	5 or 6	7 to 9	10 or more
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How many standard drinks do you have on a typical day when you are drinking?	<input type="checkbox"/>				
b. [a standard drink is, for example, one 12 oz. beer, a 6 oz. glass of wine, or a 1.5 oz. shot of hard liquor].					

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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c. How often do you have six or more standard drinks on one occasion?	<input type="checkbox"/>				
d. How often during the last year have you found that you were not able to stop drinking once you had started?	<input type="checkbox"/>				
e. How often during the last year have you failed to do what was normally expected of you because of drinking?	<input type="checkbox"/>				
f. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	<input type="checkbox"/>				
g. How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="checkbox"/>				
h. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<input type="checkbox"/>				

No	Yes, but not in the last year	Yes, during the last year
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i. Have you or anyone else been injured because of your drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEANING:

Please take a moment to think about what makes your life and existence feel important and significant to you. Please respond to the following statements as truthfully and accurately as you can, and also please remember that these are very subjective questions and that there are no right or wrong answers. Please answer according to the scale below:

	Absolutely Untrue	Mostly Untrue	Somewhat Untrue	Can't say true or false	Somewhat True	Mostly True	Absolutely True
a. I understand my life's meaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am looking for something that makes my life meaningful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My life has a clear sense of purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have a good sense of what makes my life meaningful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have discovered a satisfying life purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I am always searching for something that makes my life feel significant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I am seeking a purpose or mission in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. My life has no clear purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I am searching for meaning in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COPING: These questions ask about different ways of coping you may have used during the deployment. Please mark which answer best describes you.

	Not at all	Several days	More than half the days	Nearly every day
a. I've been turning to work or other activities to take my mind off things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I've been concentrating my efforts on doing something about the situation I'm in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I've been saying to myself "this isn't real."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I've been using alcohol or other drugs to make myself feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I've been getting emotional support from others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I've been giving up trying to deal with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I've been taking action to try to make the situation better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I've been refusing to believe that it is happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I've been saying things to let my unpleasant feelings escape.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I've been getting help and advice from other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I've been using alcohol or other drugs to help me get through it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I've been trying to see it in a different light, to make it seem more positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I've been criticizing myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I've been trying to come up with a strategy about what to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I've been getting comfort and understanding from someone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I've been giving up the attempt to cope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I've been looking for something good in what is happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I've been making jokes about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. I've been accepting the reality of the fact that it has happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. I've been expressing my negative feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. I've been trying to find comfort in my religion or spiritual beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Several days	More than half the days	Nearly every day
w. I've been trying to get advice or help from other people about what to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. I've been learning to live with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. I've been thinking hard about what steps to take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. I've been blaming myself for things that happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. I've been praying or meditating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. I've been making fun of the situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL SUPPORT: The next section asks questions about people in your life.

	Definitely FALSE	Probably FALSE	Probably TRUE	Definitely TRUE
a. If I wanted to go on a trip for a day (for example, Up North or to Detroit), I would have a hard time finding someone to go with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel that there is no one I can share my most private worries and fears with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I were sick, I could easily find someone to help me with my daily chores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. There is someone I can turn to for advice about handling problems with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. When I need suggestions on how to deal with a personal problem, I know someone I can turn to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I don't often get invited to do things with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. If I wanted to have lunch with someone, I could easily find someone to join me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. If I was stranded 10 miles from home, there is someone I could call who could come and get me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When you completed the above questionnaire, were you thinking mostly about your spouse/significant other or about several potential supporters?

- I was thinking primarily about my spouse/significant other I was thinking primarily about one person (not spouse/significant other) I was thinking about several potential supporters

LIFESTYLE: This section asks questions about your lifestyle and satisfaction. Please mark the box that best describes your life.

	Strongly DISAGREE	Disagree	Slightly disagree	NEITHER agree nor disagree	Slightly agree	Agree	Strongly AGREE
a. In most ways my life is close to my ideal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The conditions of my life are excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am satisfied with my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. So far I have gotten the important things I want in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If I could live my life over, I would change almost nothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us your thoughts about your life by marking each item as it applies to you.

	Disagree a lot	Disagree a little	Neither agree or disagree	Agree a little	Agree a lot
a. In uncertain times, I usually expect the best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If something can go wrong for me, it will.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I'm always optimistic about my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I hardly ever expect things to go my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I rarely count on good things happening to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Overall, I expect more good things to happen to me than bad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. There is not enough purpose in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. To me, the things I do are all worthwhile.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Most of what I do seems trivial and unimportant to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I value my activities a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I don't care very much about the things I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I have lots of reasons for living.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask about your thoughts and opinions related to the military.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a. I believe in the mission of the military.	<input type="checkbox"/>				
b. Behind every strong soldier is a strong family.	<input type="checkbox"/>				
c. I do not agree with my spouse/significant other being in the military.	<input type="checkbox"/>				
d. My spouse/significant other has a critical role in the military.	<input type="checkbox"/>				
e. As a family member, I am important to the military.	<input type="checkbox"/>				
f. What I do at home does not make a difference to my partner's success in the military.	<input type="checkbox"/>				
g. The military is doing an important job.	<input type="checkbox"/>				
h. Families are not important to military readiness.	<input type="checkbox"/>				
i. I support my spouse/significant other's choice to be in the military.	<input type="checkbox"/>				
j. I am proud to be a military spouse.	<input type="checkbox"/>				

RELATIONSHIPS: These questions ask about your relationship with your spouse, girlfriend, or boyfriend.

Are you currently in a committed relationship with a spouse/significant other? YES NO (If no, then skip to the Parenting Section. If you do not have children, your survey is complete)

How long have you been in a committed relationship with your current spouse/significant other? _____ Years

Most people experience disagreements in their relationships. For the next 6 items, please estimate the extent of agreement or disagreement between you and your partner.

	Always Agree	Almost Always Agree	Occasionally Agree	Often Disagree	Almost Always Disagree	Always Disagree
a. Values or beliefs	<input type="checkbox"/>					
b. Demonstration of affection	<input type="checkbox"/>					
c. Making major decisions (e.g., career, where to live, etc.)	<input type="checkbox"/>					
d. Sexual relations	<input type="checkbox"/>					
e. Aims, goals, and things believed to be important	<input type="checkbox"/>					
f. Financial decisions	<input type="checkbox"/>					

The following 5 items describe experiences of couples. Read each question and check the box that honestly reflects how frequently you have had these experiences.

	All the time	Most of the time	More often than not	Occasionally	Rarely	Never
a. How often do you discuss or have you considered divorce, separation, or terminating your relationship?	<input type="checkbox"/>					
b. Do you ever regret that you married or got together?	<input type="checkbox"/>					
c. How often do you and your partner quarrel?	<input type="checkbox"/>					
d. How often do you and your partner "get on each other's nerves"?	<input type="checkbox"/>					
e. Do you and your partner engage in outside interests together?	<input type="checkbox"/>					

The following 3 items describe experiences of couples. Read each question and check the box that honestly reflects how frequently you have had these experiences.

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
a. How often do you and your partner have a stimulating exchange of ideas?	<input type="checkbox"/>					
b. How often do you and your partner calmly discuss something?	<input type="checkbox"/>					
c. How often do you and your partner work together on a project?	<input type="checkbox"/>					

		Strongly Agree	Agree	Disagree	Strongly Disagree	POST3-Spouse
Problem Solving						
1.	We usually act on our decisions regarding problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	After our family tries to solve a problem, we usually discuss whether it worked or not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	We resolve most emotional upsets that come up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	We confront problems involving feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	We try to think of different ways to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication		Strongly Agree	Agree	Disagree	Strongly Disagree	
1.	When someone is upset the others know why	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	You can't tell how a person is feeling from what they are saying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	People come right out and say things instead of hinting at them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	We are frank with each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	We don't talk to each other when we are angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	When we don't like what someone has done, we tell them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General Functioning		Strongly Agree	Agree	Disagree	Strongly Disagree	
1.	Planning family activities is difficult because we misunderstand each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	In time of crisis we can turn to each other for support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	We cannot talk to each other about sadness we feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Individuals are accepted for what they are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	We avoid discussing our fears and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	We can express feelings to each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	There are lots of bad feelings in the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	We feel accepted for what we are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Making decisions is a problem for our family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	We are able to make decisions about how to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	We don't get along well together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	We confide in each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PARENTING. This next section asks about children and parenting. If you do not have children, your survey is complete.

1. Do you have children?
 YES NO (IF NO, your survey is complete.)

2. Are you a stepparent?
 YES NO

3. How many children under age 18 live in your home?

4. What are the ages of your children?

5. Are you a single parent?
 YES NO

6. Do you have a child with special needs?
 YES NO

7. If you have a special needs child, please explain:

If you co-parent with a former spouse/partner, has physical custody of children changed in the previous 12 months?

YES NO Not Applicable

If yes, how much stress has this caused? (Circle one)

Not at all stressful 1 2 3 4 5 6 7 8 9 High stress

Is this issue resolved or ongoing? (Circle one)

Ongoing 1 2 3 4 5 6 7 8 9 Completely Resolved

Please tell us about your parenting experience by marking each item as it applies to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
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- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 13. I am happy in my role as a parent. | <input type="checkbox"/> |
| 14. There is little or nothing I wouldn't do for my child(ren) if it was necessary. | <input type="checkbox"/> |
| 15. Caring for my child(ren) sometimes takes more time and energy than I have to give. | <input type="checkbox"/> |
| 16. I sometimes worry whether I am doing enough for my children. | <input type="checkbox"/> |
| 17. I feel close to my child(ren). | <input type="checkbox"/> |
| 18. I enjoy spending time with my child(ren). | <input type="checkbox"/> |
| 19. My child(ren) is/are an important source of affection for me. | <input type="checkbox"/> |
| 20. Having a child(ren) gives me a more certain and optimistic view for the future. | <input type="checkbox"/> |
| 21. The major source of stress in my life is my child(ren). | <input type="checkbox"/> |
| 22. Having a child(ren) leaves little time and flexibility in my life. | <input type="checkbox"/> |
| 23. Having a child(ren) has been a financial burden. | <input type="checkbox"/> |
| 24. It is difficult to balance different responsibilities because of my child(ren). | <input type="checkbox"/> |
| 25. The behavior of my child(ren) is often embarrassing or stressful to me. | <input type="checkbox"/> |
| 26. If I had it to do over again, I might decide not to have child(ren). | <input type="checkbox"/> |
| 27. I feel overwhelmed by the responsibility of being a parent. | <input type="checkbox"/> |
| 28. Having a child has meant having too few choices and too little control over my life. | <input type="checkbox"/> |
| 29. I am satisfied as a parent. | <input type="checkbox"/> |
| 30. I find my child(ren) enjoyable. | <input type="checkbox"/> |

CHILDREN. Questions in this section are specifically about your child(ren). If you do not have children, your survey is complete.

The first set of questions is about children between 12 months and 35 months of age – *Young Child Questionnaire*. The second set of questions is about children between 3 -17 years old – *Older Child Questionnaire*. Please complete a questionnaire for **ALL of your children**. If you have more than one child in the Young Child age range or more than one child in the Older Child age range, please ask any of the survey staff for additional questionnaires.

How many of your children are younger than 12 months of age? _____ (*No questionnaire for this child*)
 How many of your children are between 12-35 months old? _____ (*Complete that # of Young Child Questionnaires*)
 How many of your children are between 3 -17 years old? _____ (*Complete that # of Older Child Questionnaires*)

YOUNG CHILD QUESTIONNAIRE: FOR CHILDREN AGES 12 MONTHS – 35 MONTHS

Child's Age in # of months _____

Child's Sex(Circle One): Male Female

Please mark the ONE response that best describes your child's behavior in the LAST month:

	Not True	Somewhat True	Very True
a. Shows pleasure when he or she succeeds (for example, claps for self)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gets hurt so often that you can't take your eyes off him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Seems nervous, tense, or fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is restless and can't sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Follows rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Wakes up at night and needs help to fall asleep again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Cries or has tantrums until he/she is exhausted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Is afraid of certain places, animals, or things _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Has less fun than other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Looks for you (or other parent) when upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Cries or hangs onto you when you try to leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Worries a lot or is very serious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Looks right at you when you say his/her name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Does not react when hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Is affectionate with loved ones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Won't touch some objects because of how they feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Has trouble falling asleep or staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Runs away in public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Plays well with other children (not including brothers/sisters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Can pay attention for a long time (other than watching TV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not True	Somewhat True	Very True
u. Has trouble adjusting to changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Tries to help when someone is hurt (for example, gives a toy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Often gets very upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Gags or chokes on food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Imitates playful sounds when you ask him/her to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Refuses to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Hits, shoves, kicks, or bites children (not including brothers/sisters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. Is destructive. Breaks or ruins things on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cc. Points to show you something far away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd. Hits, bites, or kicks you (or other parent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ee. Hugs or feeds dolls or stuffed animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff. Seems very unhappy, sad, depressed, or withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gg. Purposely tries to hurt you (or other parent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hh. When upset, gets very still, freezes, or doesn't move.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Puts things in a special order over and over, and gets upset if he/she is interrupted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
jj. Repeats the same action over and over again. <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kk. Repeats a particular movement over and over (like rocking, spinning) <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ll. Spaces out. Is totally unaware of what is happening around him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mm. Does not make eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nn. Avoids physical contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oo. Hurts self on purpose (for example, bangs his/her head) <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pp. Eats or drinks things that are not edible (like paper or paint) <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Do you have another child between the ages of 12-35 months?
If yes, please ask survey staff for another copy of the Younger Child Questionnaire!*

OLDER CHILD QUESTIONNAIRE: For children ages 3 years – 17 years old

Child's Age in # of Years _____

Child's Sex(Circle One): Male Female

The following questions ask about strengths and difficulties some children might have. *Please give your answers on the basis of the child's behavior over the last SIX MONTHS.*

	Not True	Somewhat True	Very True
a. Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Shares readily with other children (toys, food, games)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Often fights with children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Often argumentative with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Can be spiteful to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Do you have another child between the ages of 3 years -17 years old?
If yes, please ask survey staff for another copy of the Older Child Questionnaire!***

THANK YOU FOR YOUR TIME ON THIS SURVEY AND FOR YOUR FAMILY'S SERVICE

Post-deployment Issues of National Guard: A Comparative Case Study of How Access to VA Benefits Affect Reintegration with Family and Civilian Employment

Lisa Gorman, PhD
Michigan Public Health Institute



MICHIGAN STATE
UNIVERSITY

ACKNOWLEDGEMENTS

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National Guard

In particular we thank the service members and families of the Michigan National Guard

PURPOSE

Increase our understanding of risk, resilience and coping among National Guard families when a service member has a deployment related injury.

- **Background on injury**
- **Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & Patterson, 1983)**
- **Methodology of comparative case study**
- **Findings in relation to interaction with the VA healthcare system**
- **Future direction of research**
- **Translation of research & opportunities for intervention**

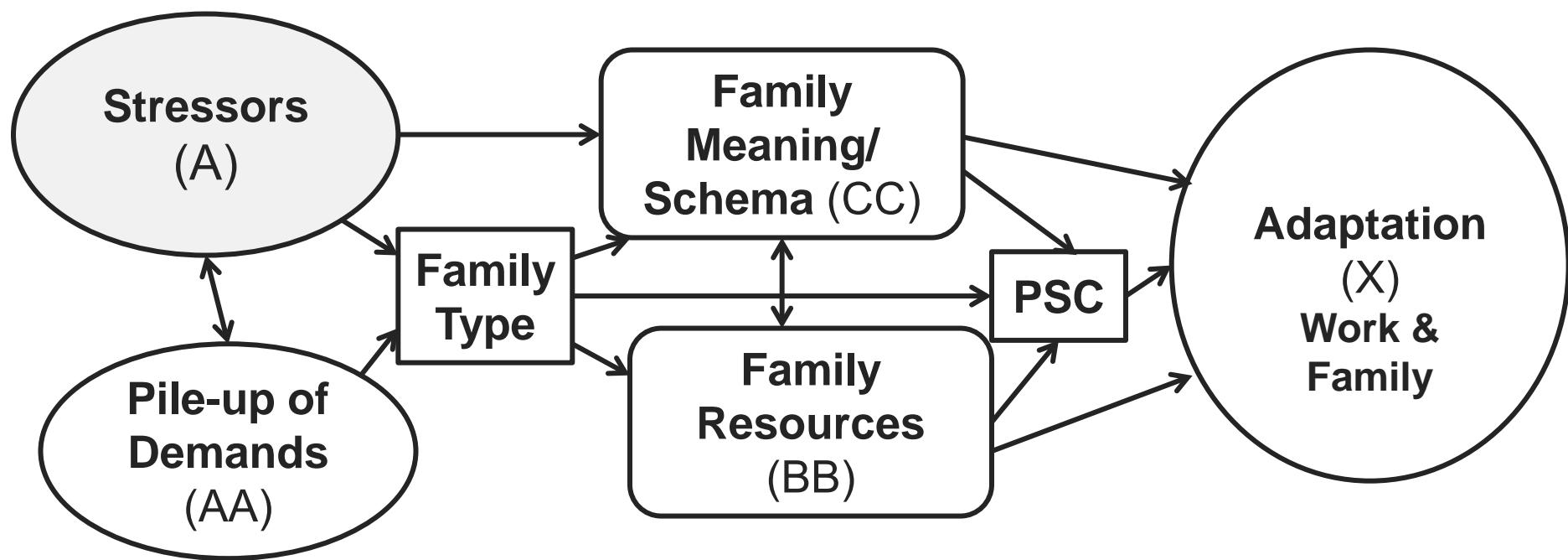
STUDY BACKGROUND/RATIONALE

How is it unique, what does it add?

- Injuries vary in disability level
- National Guard under reporting a line of duty injury
- VA health care system is complicated
- National Guard and Reserve components may be at higher risk for mental health concerns following combat deployment

THEORETICAL FRAMEWORK

Resiliency Model of Family Stress, Adjustment & Adaptation
(McCubbin & Patterson, 1983)



RESEARCH QUESTION

How does the navigation of injury treatment contribute to the adaptation of the service member and their family following a deployment?

DESIGN & METHODOLOGY

Pre-deployment
Survey collected
5/2011

Post-deployment
Surveys
90 days
(YRR Event)

12 months Post-
deployment
Survey
(drill & online)

Family Interview
(6 months)

Service Member & Spouses/Significant other

- Unique self generated codes linked to Service Member
- \$25 for each survey completed

Family Interviews with Subsample of 40 families

- 90 minute interview conducted in home/community
- \$50 for each person interviewed

MEASURES

Variables	Name of the measure	# of items	Citation	Range	Cutoff criteria
Stressors					
PTSD	Posttraumatic Stress Disorder Checklist-Military Version (PCL-M)	17	Weathers, Litz, Herman, Huska, & Keane, 1993	17-85	≥ 50 likely PTSD
Depression	Patient Health Questionnaire (PHQ-9)	9	Kroenke, Spitzer, & Williams, 2001	0-27	≥ 10 likely depression
Anxiety	Penn State Worry Questionnaire (PSWQ)	16	Meyer TJ, Miller ML, Metzger RL, Borkovec, 1990	16-80	≥ 40 moderate worry

MEASURES

Variables	Name of the measure	# of items	Citation	Range	Cutoff criteria
Family Resources					
Social Support	Interpersonal Support Evaluation List - 12 (ISEL-12)	12	Cohen, Mermelstein, Kamarck, & Hoberman, 1985	12-48	
Family Meaning					
Satisfaction with life	Satisfaction with Life Scale (SWLS)	5	Diener, Emmons, Larsen, & Griffin 1985	3-35	Higher levels = > satisfaction
Adaptation					
Relationship adjustment	Revised Dyadic Adjustment Scale (RDAS)	14	Busby, Christensen, Crane, & Larson, 1995	0-69	≤ 47 distressed
Parenting stress	Parental Stress Scale (PSS)	18	Berry & Jones, 1995	18-90	Higher scores = \geq stress

MATERIALS AND METHODS

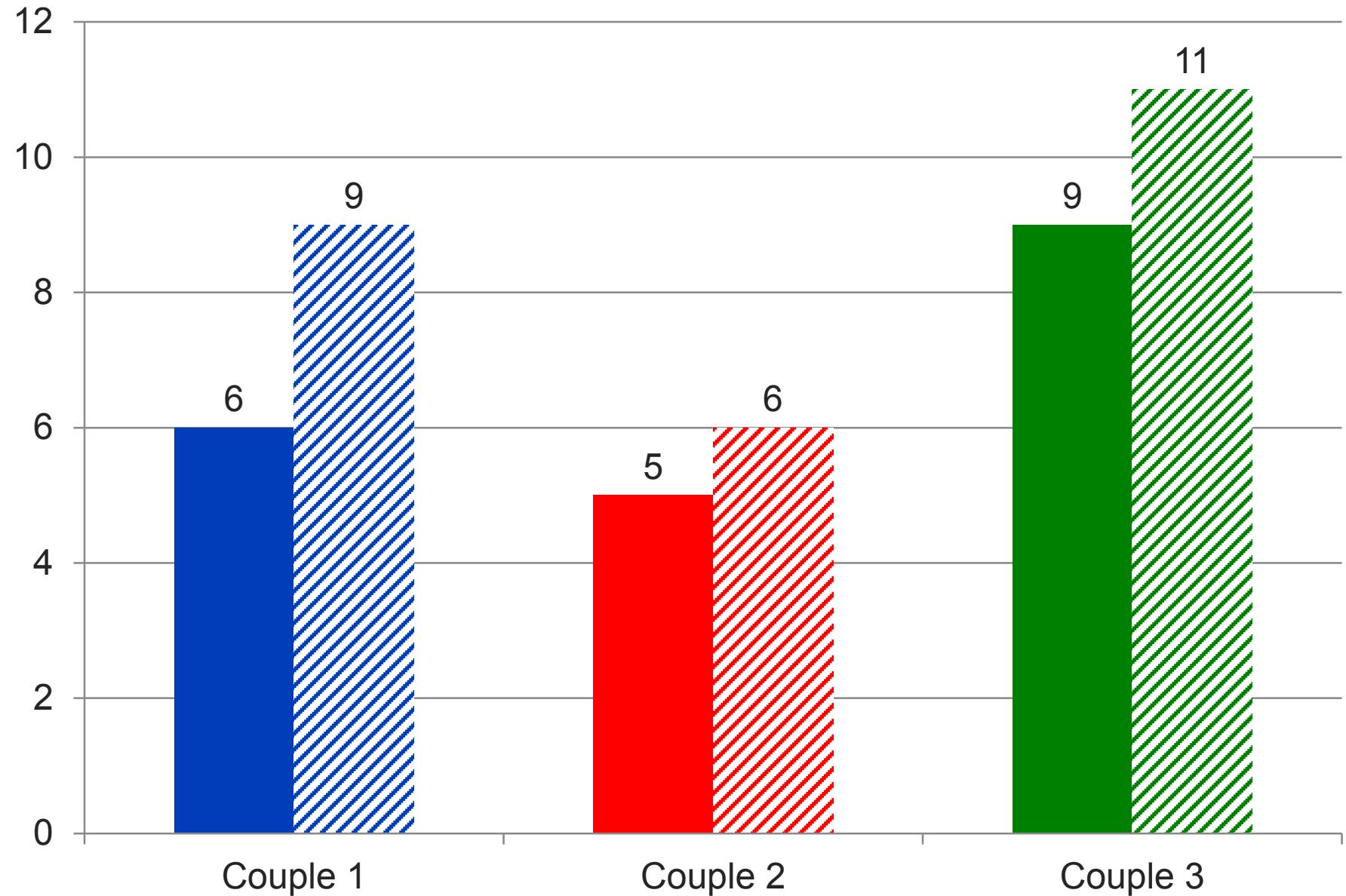
Interview Protocol Areas of Interest

A: Stressors	Changes the family associates with military life Normative & non-normative stressors
AA. Pile-up of Demands	Family life stressor experienced during the course of the study that were not associated with military life
BB: Family Resources	Identification of and use of resources and supports (formal and informal); includes coping strategies
CC: Family Meaning/Schema	View of family and role within family, supports/resources, & military family within context of community environment Meaning of military service
PSC: Family Problem Solving & Coping	Family Perception of their ability to solve problems Coping strategies of different family members
X: Adaptation	How are they doing? How have they changed? Surprises?

608 NATIONAL GUARD SURVEYED POST-DEPLOYMENT

- 96% male
- 72% married, cohabitating or in a committed relationship
- 83% white
- 71% made less than \$50,000/ year
- 37% had been in the NG less than 4 years
- 49% were E1-E4
- 7% reported a deployment injury

LIFE EVENTS EXPERIENCED SINCE REINTEGRATION



Prior
Deployment
Experience

Timely
Treatment

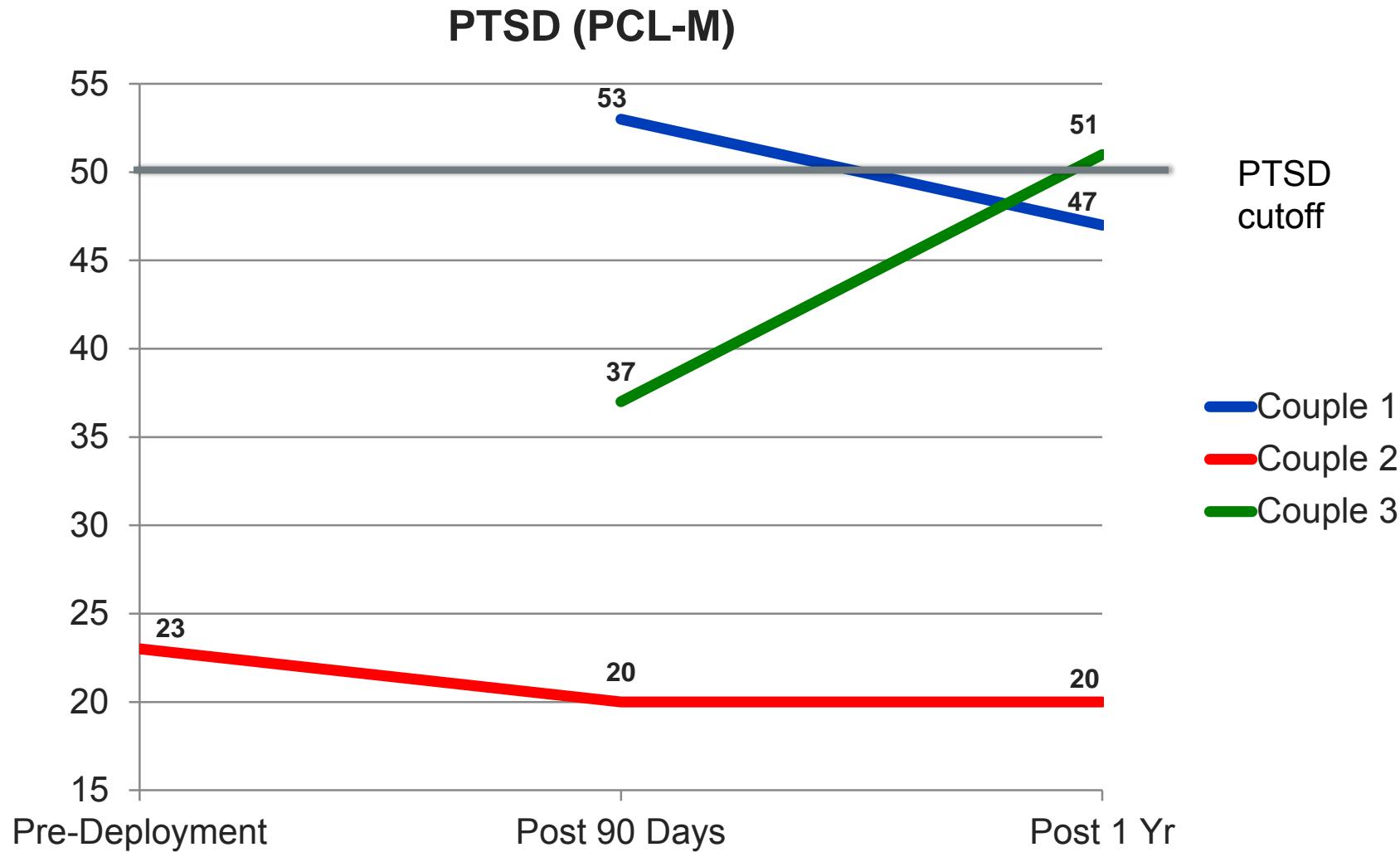
Financial
Stability

Formal and
Informal
Supports

Role of
Spouse in
Adjustment

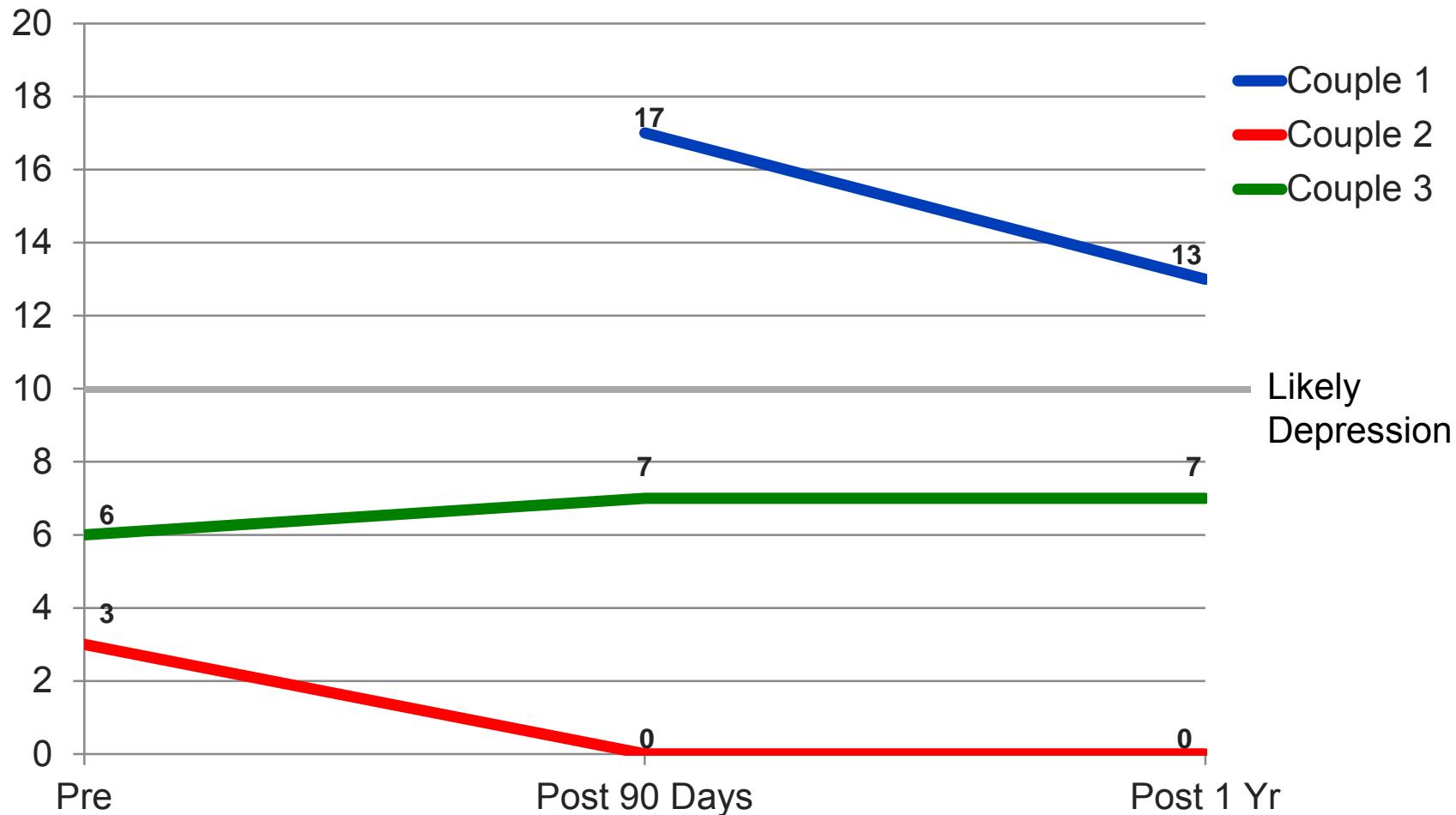
Family
Adjustment

MENTAL WELL-BEING TRAJECTORY SERVICE MEMBER

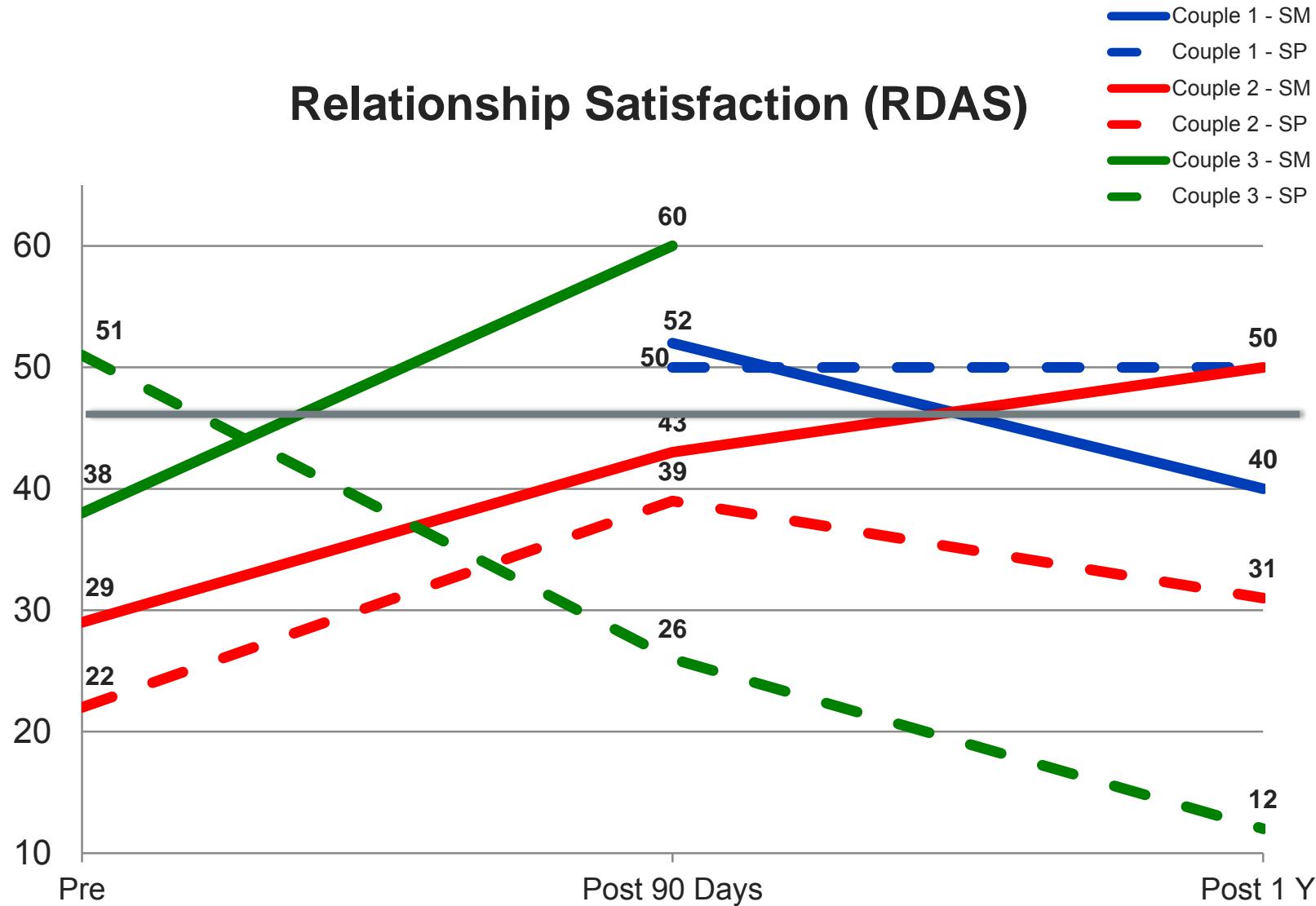


MENTAL WELL-BEING TRAJECTORY

Service Member Depression (PHQ-9)

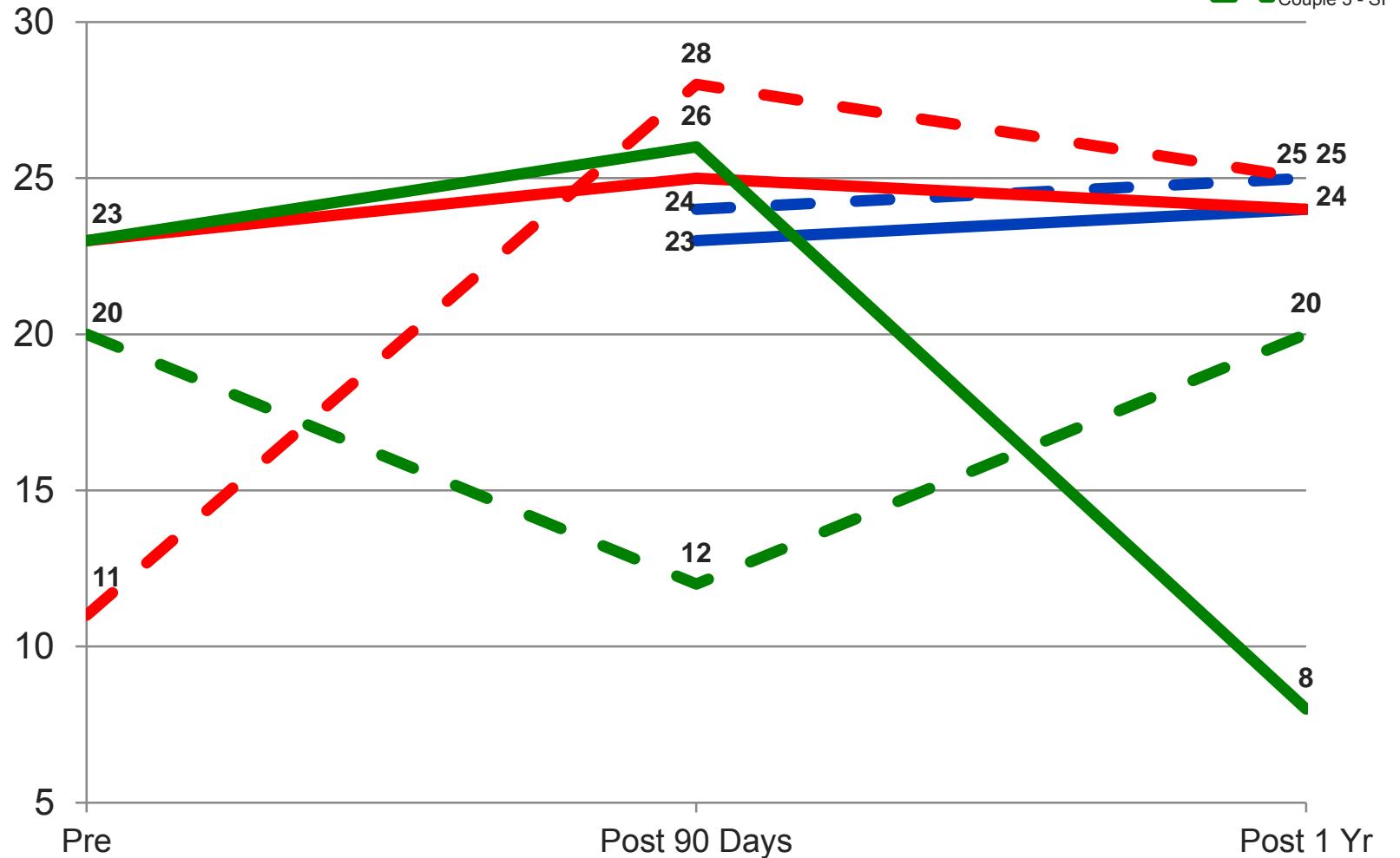


FAMILY ADAPTATION



FAMILY ADAPTATION

Satisfaction with Life Scale (SWLS)



Introduction

- Deployment is a stressful time not only for service members but also for their spouses.
- Deployments have been shown to lead to increases in relationship problems.
- This is not surprising given that a lengthy separation, along with stressful events that occur during this time, work against some of the fundamental assumptions about strong relationships.
- The literature suggests that couples who do well are accessible to each others needs on a regular basis, are able to share their struggles with each other, and are understanding of the experiences of each other (Gottman, 1999; Johnson, 2008).
- Deployment makes some of these relational tasks difficult given some of the barriers inherent to a military deployment.
- After return home, challenges remain.
- Immediately following return from deployment, couples may experience difficulty reconnecting given how much change has occurred over the separation, and the need to renew the intimate relationship process.
- This present qualitative study explored the experiences of National Guard couples through deployment and strategies to maintain or recreate connection.**

Methods

- Conducted this study as part of a larger mixed methods investigation titled Risk, Resiliency, and Coping in National Guard Families
- Total Families enrolled in the larger study: 608 Service Members
332 Spouses
- Total couples interviewed for this study: 31
- Interviewed together first, and then individually
- Each participant paid \$50
- Interview conducted by male/female dyad
- Interview lasted 90 minutes
- Questions asked were related to the following domains related to deployment and reintegration:
 - Stressors
 - Resources
 - Coping
 - Meaning making
 - Family Functioning
 - Pile up of demands
 - Adaptation and resiliency
- Data analyzed by a team utilizing Atlas software.

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 Lisa Gorman³, Danielle Guty³, & Michelle Kees⁴
¹Michigan State University, ²Virginia Tech, ³Michigan Public Health Institute, ⁴University of Michigan

Service Member Quote:

"The IED explosion picked us right up off the ground and flipped us upside down. I just remember everybody moaning and groaning and yelling are you okay. I was checking my arms and legs to make sure I had all of my arms and legs and once I figured I had my arms and legs I was yelling for everybody else to see if they were okay. We were all hanging upside down. I got unstrapped and I am trying to move and having a hard time moving because my back is throbbing. I was having a hard time breathing and my heart was pounding."

Service member and spouse experience individual stress during deployment.

- Results in individual change
- It is not relational

Spouse Quotes: "I would say it's pretty hard and you have to find strength to keep you during the deployment and pretty much stay active doing anything you can to keep busy and I would say learn how to manage money while your gone and be more understanding and see things differently, things before being so upset about the situation and problems that occur."

"And it's hard even I think on my end too because you don't have anybody to relate to...and after he went on his deployment and there's really no active duty bases around here so you don't really have a whole lot of military families so you know people ask you how you're doing oh yeah, I'm fine. I had so few people that I could actually go to because no one really knows what you're going through and after while I think I just didn't want to burn anyone out on things I was going through..."

Service Member Quote:

"I didn't want to tell her a whole lot. I didn't want her worrying about me. She is watching the news every day so. We just had a lot of crazy things happen around us."

"What was really hard this past deployment was I couldn't call as often as my first deployment because the contact was really bad and because, you know, the phone center is always packed and I worked insane hours. I started working like 22-hour days and that was really tough on us because I couldn't really talk to (spouse) at all. The emails, essentially, just stopped. I just didn't. You can't find the time in the day to eat. It's hard to write an email and like even find you way to a computer to do that."

Service member and spouse experience barriers to remaining connected during deployment and during reintegration

- Possibly results in isolation
- Possibly results in negative emotions, e.g., resentment

Spouse Quotes: "I tend to be a very emotional person because I always go to the worst case scenario. I guess a lot of times I kind of would be like why didn't you call when you said you were going to call like what were you doing and I have heard these things are going on at the post. I don't know I had kind of a fear that I guess maybe I misread him trying to protect me by not telling me things as him being emotionally distant because he was content to be there and maybe he would realize that he didn't want me around or something like that. I did bring a lot of those things up quite a bit or if anything was going on at home which I have heard other army wives say that their car broke down and all of the things with the kids and I didn't have anything like that, but just trying to figure out trying to move into an apartment. I guess here that seemed big to me.... He is trying to finish his mission so he can get home to me and if he is focusing on anything like that, even if it is good, it is going to distract him and make things more dangerous."

Service Member Quote:

"We were intentional with trying to spend that time together, even when we're gone to talk and share as much as we can about what's going on. She would send me, either an email or a letter and just the little things that she would put in there, I never appreciated it before about how she was thinking or how she planted some flowers. Before, it didn't really matter to me, too much but, now, she's sharing her life and being able to share together and not being just all by yourself, all self-focused. That's actually the biggest thing is not being self-focused."

"We spend time together. We don't go out and do separate things. We try and spend as much time together as possible. I feel it's important to me because I've been gone so long and I don't want to miss any more moments without her right now so it's important for us to do things together."

Service member and spouse require purposeful strategies to remain connected during deployment and to reconnect during reintegration

- Must be planned
- Takes time
- Takes work
- May involve professional help

Spouse Quotes: "When he first came home if it were just me and him and we were talking I tried to listen because they tell us in all of our briefings just listen and I tried that and it was hard because sometimes I wouldn't ask enough or if I didn't comment enough he didn't think I cared so to find that right balance of communication because you never know... I deal with kids all the time and talking about things and feelings but it is so hard because sometimes people want to talk more and sometimes they don't and you don't know when to pry and when not to."

Discussion

- Military deployment poses a stressful challenge for couples.
- The challenge is magnified because each party changes (sometime positive growth and sometimes negative such as when there is an injury)
- Couples ideally should create opportunities for attunement, understanding, and responsiveness both during and after the deployment to build and rebuild connection.
- Strong couple relationships have an implication for military readiness, child wellbeing, and management of mental health symptoms.

Implications

- It is very difficult for couples to stay connected during a deployment.
- Each individual changes during the deployment, and the relationship has changed.
- Couples need help in the following:
 - Getting to know each other again
 - Each understanding the unique stress of the other that occurred during and after the deployment.
 - Attunement
- Professional help may be important in cases, especially with a provider who understands the dynamics of deployment.
- Relationship workshops that build the understanding system of the couple.
- Many strategies work for each couple, e.g., Skype calls, journals, therapy, couple vacations, conversations about reintegration, taking time to reconnect, couple time alone without children or family.

Limitations

- Qualitative study
- Small sample
- Couples interviewed as a dyad

References

Gottman, J. M. (1999) *The Marriage Clinic: A scientifically-based marital therapy*. New York, NY: W. W. Norton & Company, Inc.
 Johnson S. M. (2002). *Emotionally focused couple therapy with trauma survivors: Strengthening attachment bonds*. New York: Guilford.

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